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# THE PUBLIC HEALTH NURSE

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**Beginning A School Inspection**

EDITH S. COUNTRYMAN

**Co-ordination of Nursing Service**

MARY E. MARSHALL

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HEALTH GRADUATES.



# THE PUBLIC HEALTH NURSE

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## EDITORIAL

### The National Organization for Public Health Nursing and Its Friends in Ohio

OHIO has recently been enjoying a visit of the Financial Secretary of the National Organization for Public Health Nursing. The word "finance" as applied to social work usually creates in the mind a sense of responsibility and heaviness rather than a feeling of enjoyment, so that the experience we have been having in Ohio proves that when service meets a pressing need it is a keen pleasure to pay for it. Ohio *needs* the National Organization for Public Health Nursing—that is the fact which has daily become clearer to us, as we have been up and down the State, figuratively speaking, following the steps of our Financial Secretary.

Ohio delights in surveys, in self-examination, in efficiency management inspection generally, and Ohio knows that the Great War has changed and disrupted more things than can possibly be imagined by any single local group or groups of workers, no matter how wise and far-seeing they may be. Expert counsel must be had from the outside. The "unaccustomed eye" must view the situation and must bring to bear upon local problems that synthetic quality of insight which sees a local situation in its true proportions and which perceives where readjustments can be made with the least disturbance possible.

When the United States went to war public health nursing associations everywhere were subject to the same principle of draft as

decimated the personnel of our industries; that this draft was not obligatory under the law made it none the less binding. During the first great outburst of national enthusiasm some of the very best of our Public Health Nurses went overseas or into military hospitals in this country. The enthusiasm of sacrifice caught the country so quickly that within a few months head nurses, supervisors—indeed, the official structure of hospitals and out-patient nursing organizations had been depleted far beyond the danger point. Had it not been for prompt action on the part of a few nurses in forming a Nursing Committee in the Council of National Defense, to protect the structure of nursing organization built up at such pains, the disaster to the work in the United States would have been far greater than it now is. However, all of us know that we are at present facing a time of very real crisis in nursing matters.

All kinds of influences inimical to stability and order have crept into our communities during this after war period of excitement and confusion. Our large towns are crowded beyond capacity, housing conditions are inadequate, industries are offering compensation for trained effort in excess of what may be earned in occupations having to do with social relationship.

And quite suddenly towns and communities all over the country have become aware of the value of preserving, nurturing and fostering human health. The army draft

rejections made, as it were, a lighting survey of health which found a great democracy recreant to its trust as far as its human stocks were concerned.

"An Equal Chance for Equal Health" had not been given. We were weighed in the balance and found wanting. It was only natural that this period of illumination should be followed by a period of great activity along the lines of health conservation. Public health nursing organizations everywhere were strained to capacity to meet the need of communities which had been aroused as never before concerning their obligation to build up the health of their populations. The fact was borne in upon the public mind that there should be a Public Health Nurse to every two or three thousand inhabitants of the country, to meet the bare need of home care, supervision and instruction of families in the care and maintenance of health. New agencies sprang up everywhere, calling for nurses to help initiate and carry the work, and existing staffs of nurses, already disrupted by the war, were still further deprived of many of their best members who were called away to inaugurate and supervise new pieces of work elsewhere begun. This sudden expansion was out of all proportion to the number of Public Health Nurses in the country prepared to meet it.

In spite of the constant activity of the National Organization for

Public Health Nursing during the years of its existence to stimulate and to form post graduate schools and classes for the training of graduate nurses in the principles and procedures of field nursing, the actual number of women so qualified numbers only about 9,500 at a time when "surveys" proclaim the need of them to be, roughly speaking, fifty thousand.

It is at this juncture that the National Organization for Public Health Nursing finds it necessary to prevail upon the country to use the available material to the greatest possible advantage, in order to "carry on" during this exceedingly difficult period of readjustment and strain. The greatest service which it can possibly offer the country just now is to send its expert advisers to as many communities as it can reach, in order to have them sit down with the local committees and "figure the problem out." This very thing has been done in Ohio with an amazing amount of success. Our communities have been led to realize their need of advice and help from the National Organization for Public Health Nursing, and the Organization's need of them. By learning of the efforts and experiences of other communities throughout the country, we have come to understand how the greatest amount of good can be effected from the carefully coördinated use of existing agencies; the numberless economies which can be

brought about in the use of the material which so barely meets our local needs; and we have been helped to think in terms of our State, instead of in the highly intensive terms of our own city group.

The Ohio State Committee of Friends of Public Health Nursing is to help to form local committees in all the towns which have been visited. The chairmen of these local committees will be members of the Ohio State Committee; thus the plan will tend to foster in us the consideration of our State as the unit toward whose upbuilding we must unitedly strive. In no other way can the shortage of Public Health Nurses be so well met as by applying the principle of the most careful organization of existing nurses in each community. We cannot afford to concede the slightest ground to waste or maladjustment if we are in any way to meet the need for a Public Health Nurse service worthy of the faith which rightfully, we think, has been accorded it.

Briefly, the evolution of Public Health Nursing in this country has reached a point where the demand for such service vastly exceeds the supply of nurses qualified to meet it. This condition has been rendered acute through the greatly aroused public consciousness as to the need of improving the standard of human health.

If we are to hold the line during

the difficult period just ahead of us, we must consider all the fine economies of adjustment as of prime importance, and we must neglect no single factor which will enable our local organizations to give the best that is in them to community needs.

#### **Health Graduates.**

We publish in this issue of THE PUBLIC HEALTH NURSE a very charming picture of the first graduating class who passed from the infant welfare class into the pre-school age group of a municipal child welfare clinic in St. Louis.

In order to belong to this group the mothers must have brought

the babies faithfully for two years to the baby conferences and must have worked hard to carry out the instructions of both the doctor and the nurse in the homes. The first two babies are 100% perfect children.

Under the present excellent system of child welfare work, the St. Louis municipal nurses give prenatal instruction to the mothers, welcome the babies into infant welfare conferences, graduate them at the age of two years, with a certificate and proper exercises into the pre-school age conferences and watch over them until, at the age of six, they are presented to the public school system.

## How to Make Health Teaching Attractive to the School Child

BY ANNE RAYMOND, R. N.  
*School Nurse, Clarksburg, W. Va.*

**I**N teaching any form of health to children, certain things are important to keep in mind:

Make it attractive to the child.

Do not permit it to be a hindrance to the teacher in carrying out her work.

Prevent, if possible, any results that might offend the parents.

### *Suggestions for Work in Lower Primary Grades*

I believe for the first three grades it is always possible and always effective to begin by telling the children attractive stories of some wonderful person who was so strong and well and happy, and then let them share with you the secret of this marvelous person's habits and life. I find that Cho-Cho of the Child Health Organization, pictured as the Brownie of Health and Joy, is by far the most successful method of gaining their attention. My children do more for Cho-Cho than they will for their parents or for me, and they love him with a joyous love.

We all understand that it is a game, for when I begin with Cho-Cho, he is not a person, but just the elf in the health alphabet. I make this fairy person known to them in the mysterious way children love. To accomplish this I have them put their heads on the

desk and close their eyes and in a hushed voice I tell them of this wonderful little fellow who loves them and will play with them if they love him and obey his rules. Before they raise their heads I always picture the little fellow with his little black cap, his little black sweater, his little red trousers, and his little black boots. Then they raise their heads and look carefully again at his picture in the alphabet. I do this often for the first few weeks so that every child has a mental picture of Cho-Cho and from then on "he" lives with us for the year. In all our play he is present, he is sad when we fail, he is happy when we keep his rules. I have made my own rules, but any teacher can make her own. It is important to keep them short and easily understood by the child and parent. Lay stress on how Cho-Cho loves the child who tries to keep them. He can ride to school on the shoulder of the little boy who comes on time and stands up straight, and one child reported proudly how Cho-Cho watched him take his bath. I have found him on the blackboard many a time when I came to visit, because the children had not failed in spelling. I encourage the teacher to use him, for if you keep him al-

ways doing something the children will not tire of him.

The beginning of the year I make charts of honor for the ones who try to keep the health rules, always praising success but never scolding or noticing failure. Make your health period happy, even if you leave out health. Let it always be a joyous thought with them. These charts are merely large cardboards with a picture of Cho-Cho or some suggestive picture of Cho-Cho's remembrance of them (sometimes an aeroplane with a man looking over watching the Cho-Cho people, or maybe a lovely little girl who has kept the rules and grown fat and pretty) on the top, and below, room for the names and a daily marking up of the children who *tried* to keep the rules. At first, and even for a good while, this is just a daily reminder, many children are only gradually worked up to want to be clean. When a perfect week is accomplished, a child gets a gold star or a chance to draw Cho-Cho. With a hectograph I often make many copies of either Cho-Cho, or a little girl, or some little simple picture which they can tell about and can color in either the "busy" time which nearly every first three grades have, or in a drawing period, or English. Correlation is necessary in our work as yet, for they are not given enough health time in between the nurse's periods to do much without this working in on other subjects. I find that the average teacher, when shown,

is very glad of the variety in the work, although above the third grade the school curriculum is so crowded that the teacher has very little time for health.

The Child Health Alphabet was used as a reader, the little ones in the first grade learning the letter and telling the story of the picture, and the second, third and fourth grades writing little health stories, which were suggested to them by the picture.

After discussing these pictures and stories in class, the children were told they might cut out pictures at home from magazines and papers which seemed to them to picture their ideas of the health lesson. Before many weeks were past, mothers and fathers were rivalling each other in trying to have their Johnnie or their Mary bring in the best picture. We bound these into little health booklets, with covers of their own original design, beginning very crudely and often working up to very good results.

Also from these pictures teachers have worked out borders for the school room, letting, for instance, "A is for Apple and also for Air" have a large letter "A" and a suggestive picture artistically mounted beside it, perhaps selected from the pictures brought in by the children. This serves the double purpose of bringing up the work of little foreigners and backward children to standard in the teacher's own subject and of in-



stilling in their minds ideas of health from the beginning.

We formed health clubs, letting the children choose their own names, such as "Jolly Jacks," "Busy Bees," etc., and have officers and inspectors selected by themselves. Special honors were given, such as silver or gold stars, although we did not emphasize prizes, but rather happiness, making this period, no matter how short, one of special pleasure to the children, until health stood for joy.

Building the health fairy's house was another successful device to get children to practice the health habits. The idea of this was taken from the story of the fairy house in "Cho-Cho and the Health Fairy" (published by the Child Health Organization of America), in which Witch Ignorance burns the fairy's house to the ground and the children rebuild it brick by brick and shingle by shingle by eating green vegetables, sleeping with windows open, etc.

The method of building a house is merely to lay stress upon the thing which you want to accomplish in your particular school, whether it be clean hands, straight posture, more milk or vegetables, tonsils removed, or whatever is needed; and when it is achieved the brick or shingle is placed with much ceremony, and is labeled according to what it was put in for; or it is discussed in the class and much credit given to the individual or group which secures this addi-

tion to the house. We even correlated to the extent of permitting occasionally as a special honor a splendid spelling lesson or unusual drawing, to add a brick.

One can build in whatever way seems best, but it is well to put in from time to time some of the characters of the story, so that the interest of the children will not flag. One rainy Monday let the squirrel appear in the tree, and tell the story of Friend Squirrel; and perhaps, again, when interest seems a little low, Mr. Cat of Knowledge climbs up on the roof. Make the whole house and idea realistic, and have as much pleasure in it yourself as the children have.

Little shingle cabins with brick chimneys, made in the style of the well known log cabins, a porch added here and there, an oat field at the corner, a tree in the background, and perhaps, in the distance, the old Witch Ignorance creeping into view—all are possible. Oftentimes you can make Ignorance out of black paper, and have her advance up the road when the children lose, and retreat when they gain. But it is absolutely necessary to bring out the joy and beauty of the fairy, and not the fear of the witch; merely showing the natural contrast between the two.

Keep the idea of the story of the house and health as one glorious game, laying stress on success and achievement, and never scolding or noticing the untidy, dirty or

slow child; some day he will want to be praised.

These houses may be made of large cardboard or oilcloth, using crayoles, or they can be made from bricks cut out from colored paper and pasted on.

We also had vegetable contests, letting Billy Beet, Johnnie Carrot, Jimmie Onion, Joe Potato, Mary Cabbage Cooked, Sammy Bean, Charlie Tomato, and any other vegetables you may care to make members of the family, compete—the vegetables having been eaten the most in a specified length of time winning the contest. Then if you can, let them have a Beet party or a Carrot party, or whatever vegetable wins, perhaps drawing him, singing to him, even dressing up like him, and telling stories of how to gain his iron or his strength.

In some schools the children run cross-country races, letting a rule accomplished equal a mile.

It is always possible to correlate health with the drawing lesson, using the vegetables, or the tree, or the flower, always emphasizing its strength, beauty and wholesomeness.

All forms of dramatization are especially pleasing to children. Many amateur performances have been given very successfully from the stories in "Cho-Cho and the Health Fairy"—the "Vegetable Men" story particularly lending itself to the dramatic form.

Weighing contests always interest children, and are very valuable.

They should perhaps be the first step along health lines in every school. Much rivalry is manifested by the children who desire to increase their weight. They should be weighed once a month, if possible.

*Health Clubs for Older Children  
How to Organize and Carry On—Specially  
Good for Rural Schools*

When conducted in a rural school, much benefit is derived from laying stress on the honors and formalities of a routine meeting, such as having a color bearer or standard bearer who places the standard beside the captain's desk as the meeting is called, a captain, who acts as president, and a lieutenant who sits at the desk with the captain, probably conducting the daily saying of the rules. When doing this, the lieutenant stands by the captain's desk, and counts off the rules on his fingers, the room responding in unison with the rules. The eleventh rule, meaning the bath, is shown by cupping the two hands.

We have used successfully in our clubs the eleven crusader rules of the Modern Health Crusade.

For each club we have an inspector, and following the saying of the rules, the inspector goes quickly from child to child, observing hands, general appearance of person and desk, in fact making a quick general observation as to condition of the pupil, and reports same to the secretary, who keeps the minutes of the meeting.

All the opening exercises are regular routine for the health meeting, and it will be found that the children love the formality of them.

All offices of the club are elective, usually for three months, but if for any reason officers are not serving well some excuse can be made for a general reelection, carefully avoiding any seeming dictation in the management of the club. Make it seem that the children themselves are running the club; that they are inspecting the children; you are an honored visitor, so pleased at their success, for you can always find something to praise. If you act as a stimulus and a joyous visitor, they will respond much better to this attitude than if you assume the role of supervising nurse, though they may always be made to feel that you know because you are a nurse.

The secretary keeps a monthly journal, and in this journal are the minutes of the meeting, a record of general cleanliness and health rating of members, also a record of the critic's report, which is submitted at the end of each meeting. The critic is elected and is authorized by the club to criticize anything and everything that is wrong with the meeting or the members, and criticisms are graciously received, since the critic has been elected and given full power. It may be helpful to cite some of the criticisms that have been made in clubs:

John said "git" instead of "get." Mary, Martha, John and Henry—hair was untidy. Joe and Bertha failed to keep attention in meeting. Helen said she was going to talk about influenza and she talked about flies. I do not think the president sat very straight during the meeting. And the singing was too loud and mumbly. Mark said "mosquiter" instead of "mosquitoes."

Every part of the meeting is under the control of the captain. He calls upon this one and that one for whatever is wanted. After the opening formalities, health talks and health papers are given; and usually at the end of the meeting people are chosen to read a paper at the next meeting. But the talks are spontaneous, the object being to teach the children to talk easily and well without preparation, and about the subject that is called for, instead of rambling about. We found the fourth grade children could stand and give an intelligent and interesting two-minute talk at the end of the year, while a stammering refusal was all we could get at the first meeting. No one was urged to talk or write, permission to do so being considered an honor.

Songs, rhymes and other devices should be used whenever possible, always encouraging original expression.

Usually the captain would ask who had something he wished to bring to the next meeting, and much praise and credit were given to the person who decided he had something. No matter how poor the paper or talk, by keeping the

matter formal we could lend dignity to the occasion, and the child was upheld by the general feeling, and responded to the stimulus of "something expected."

We found it easier in the beginning to take local subjects of interest, such as general condition of streets, stores or railway station, garbage cans and back yards, and from these familiar objects we worked on to less familiar ones.

By having the children understand that their opinion was valued, and must be backed up by some thinking, we got good results, for they knew that once a subject was mentioned, it was open for discussion. The papers and talks from our schools with health clubs at the end of two terms were at least a grade advanced over the other schools which had not had health work of the same year.

## A Suggested Plan for Systematic Sex Instruction of the Child

BY H. F. WHITE

*P. A. Surgeon, U. S. Public Health Service.*

IT is now generally recognized that if human nature is to be regenerated at all, it must be through the younger generation. The mature mind is so shaped to the conventions of its upbringing that it seems next to impossible to try to remold it with any hope of success. This is especially true in matters of sex, and today the sex education of the child is regarded as the key to the solution of many vexed problems, among others that of the venereal diseases.

The advisability of sex education in childhood is now acknowledged by practically all who have read or thought at all consecutively on the subject. The former policy of silence concerning the entire matter of reproduction of the species has been definitely relegated to the dust-heap. This policy

was founded on a sort of double self-contradictory theory, to the effect that sex matters were both too sacred to be spoken of and at the same time too offensive. The truth has, however, at last been faced by most thinking people. They realize that they have not to choose whether their children shall receive knowledge of sexual matters or shall not receive such knowledge. Their only choice is whether knowledge of sexual things shall come decently through legitimate channels or whether it shall be gained surreptitiously through information proffered by some companion or servant—information which might often more justly be called misinformation and which is only too apt to be both vulgar and depraved.

It is admittedly true that in many

matters a child does not need direct teaching because he is able to learn a great deal unconsciously from the example set by his parents and other older persons, from the impression made on him by their actions and by their words. It must be remembered, however, that sex hygiene is a subject which cannot be exemplified, and which it is consequently impossible for a child to learn unconsciously and indirectly from the proper sources. It is clear, then, that if sex hygiene is to be learned at all it must be the subject of definite instruction.

It is also clear that this instruction must begin at an early age, not only that the child may be shielded from a warped attitude on sexual matters—the almost inevitable sequence of premature sex information from impure sources—but that truthful answers may be given to his questions. In all normal children the intelligence becomes active when they are very young and many inquiries are made concerning the elemental facts of life. These questions often cannot be truthfully answered without bringing in the facts of sex.

The mooted question, therefore, at the present time is not whether there shall be early and definite education, the demand for this is practically unanimous. The question is how and through what personality or instrument this education shall be imparted to the child. These points are of paramount importance, for it is easily seen that

sex information given abruptly or tactlessly, or imparted by a person whose whole sex point of view is warped, would undoubtedly exert a deleterious effect, which, by reason of a child's impressionability, might endure throughout life.

#### *Present Methods*

At the present time sex education throughout the country is in a somewhat chaotic form. Methods which are in use today are for the most part designed for a child over fifteen years of age. By this time a child's mind is far less plastic than it has been, and most of the facts taught have possibly already become, in a distorted form perhaps, part of the mind's furniture. The methods of instruction to adolescents are from a pedagogic point of view far too abrupt, being necessarily designed to teach sex hygiene to those utterly without proper preparation for such teaching. Such courses are often given by teachers without the minimum training in biology and social hygiene regarded as necessary by qualified educators, and many of these instructors are farther disqualified by defects of personality.

Any earlier training in sex hygiene given before the age of fifteen is presumably supplied by the parents, who as a matter of fact seldom perform their duty in this respect—an omission due in part to indifference, in part to diffidence and false modesty, and in part to a realization of a lack of training which renders them unfit to ap-

proach the subject. While the parent is for many reasons the obvious person to give early instruction in sex matters, the truth may as well be faced, viz., that the contemporary parent is not qualified to give such instruction nor is he willing to do so.

Havelock Ellis sums up very well the qualifications necessary for the instructor in sex hygiene, and he finds them practically impossible of attainment in either the parents, teachers or doctors of the present day.

"To fulfil his functions adequately the master in the art of teaching sexual hygiene must answer to three requirements: (1) he must have a sufficient knowledge of the facts of sexual psychology, sexual physiology, and sexual pathology, knowledge which, in many important respects, hardly existed at all until recently, and is only now beginning to become generally accessible; (2) he must have a wise and broad moral outlook, with a sane idealism which refrains from demanding impossibilities, and resolutely thrusts aside not only the vulgar platitudes of worldliness, but the equally mischievous platitudes of an outworn and insincere asceticism, for the wise sexual hygienist knows, with Pascal, that 'he who tries to be an angel becomes a beast,' and is less anxious to make his pupils ineffective angels than effective men and women, content to say with Browning, 'I may put forth angels' pinions, once unmanned,

but not before'; (3) in addition to sound knowledge and a wise moral outlook, the sexual hygienist must possess, finally, a genuine sympathy with the young, an insight into their sensitive shyness, a comprehension of their personal difficulties, and the skill to speak to them simply, frankly and humanly. If we ask ourselves how many of the apostles of sexual hygiene combine these three essential qualities, we shall probably not be able to name many, while we may suspect that some do not even possess one of the three qualifications. If we further consider that the work of sexual hygiene, to be carried out on a really national scale, demands the more or less active coöperation of parents, teachers, and doctors, and that parents, teachers and doctors are in these matters at present all alike untrained, and usually prejudiced, we shall realize some of the dangers through which sexual hygiene must at first pass."

As to method—the consensus of the best educators today is that sex education should begin early, and that the child should be led by degrees through knowledge of the facts of reproduction in lower forms of life to an understanding of reproduction of human beings. The same author, after reviewing the opinions of educators in various countries on this subject, sums up his own point of view as follows:

"There can be little doubt that botany is of all the natural sciences that which best admits of this in-



cidental instruction in the fundamental facts of sex, when we are concerned with children below the age of puberty. There are at least two reasons why this should be so. In the first place botany really presents the beginnings of sex, in their most naked and essential forms; it makes clear the nature, origin and significance of sex. In the second place, in dealing with plants the facts of sex can be stated to children of either sex of any age quite plainly and nakedly without any reserve, for no one nowadays regards the botanical facts of sex as in any way offensive. . . . The transition from botany to the elementary zoology of the lower animals, to human anatomy and physiology, and to the science of anthropology based on these, is simple and natural. It is not likely to be taken in detail until the age of puberty."

We have in the above outline the logical order that the presentation of the facts of reproduction should take for a child, who in this way can be guided easily and naturally and without abruptness to the necessary sex knowledge. The question still remains as to the proper vehicle to present these facts to the child.

#### *Proposed Method of Instruction*

The following proposed method of sexual instruction has been worked out with the aim of embodying in substance the ideas of the most advanced psychologists and educators, and of teaching the data

agreed on by means of motion pictures. Two important advantages will be gained by this method of instruction. In the first place, the visual method approaches as nearly as is possible the natural way in which a child absorbs knowledge, i. e., by observation and example; in the second place, instruction by films eliminates altogether the difficult question of the qualifications of the teacher. Such a series of motion pictures is self-explanatory. The films require no interpretation and can be circulated throughout the country with perfect confidence that the subject will be presented in a way that has the stamp of approval of educators, psychologists and hygienists.

The entire course of films will cover the fourteen years of school life; two years in the kindergarten, eight years in the grammar school, and four years in the high school. They will present an unbroken series dealing with geology and the various forms of life beginning with the simplest and culminating in the most complicated—the human being. Each film will be designed to portray a complete lesson and to lead up to the films which are to follow. They will be shown at intervals sufficiently long to allow time for the development of the child and for the natural process of absorption to take place. The films will be so related to each other that it will be impossible to introduce any film into a class which has not had the benefit of those preceding it in the series.

For the sake of convenience the entire series of motion pictures may be divided into two parts: the "molding films," which include those shown in kindergarten and grammar school to the seventh grade, and the "teaching films," which begin in the seventh grade grammar school and extend through the high school.

Because of the plasticity of the mind of a young child the process of molding should begin in the kindergarten. Only material which has been reduced to the simplest analytical unit should be used during the years over which the process of molding takes place, and this should deal with everything which is beautiful in the life of plants and animals, including the habits which are common to both sexes and to each sex. Only the most elevating and entertaining material should be used and pictures dealing essentially with character building or portraying beautiful characters—moral stories—should have a place in the series.

The process of teaching should begin in the seventh grade grammar school and continue through the fourth year of high school. Physiology should be taught in the grammar school; elementary anatomy, histology, pathology and embryology in the high school. And throughout the course pictures dealing with elevating characters, historical and literary, should be given.

#### *Materials for Films*

The materials for the entire se-

ries of films will have to be obtained from widespread sources. It is the essence of the plan that specialists shall supply much of this. From text books and books dealing with geology, botany, zoology and biology a good deal of valuable material is available. But more will have to be obtained from living flowers and animals as observed by persons interested in these particular subjects. A series of consultations would have to be arranged having as an object the collection of a large amount of data which could then be compiled and abstracted for scenario writing. Most of this should deal with the elementary phases of life, growth and reproduction.

The subject and sequence of films to be shown should be arranged by persons capable of handling this particular branch of the method, and the films themselves should be prepared by the best motion picture men in the country, and under the direction of a special committee composed of men and women trained in the subjects to be portrayed and taught.

The scenarios for all the pictures should be approved before beginning to manufacture the films.

#### *Tentative Program*

Although the complete program of the course of films would be impossible to arrange without consultation with the specialists mentioned above and without benefiting from the experience of educationalists and psychologists, especially as to the mental age of the

various age groups, and the subjects which appeal most, and which could be best assimilated by them, it is possible to suggest tentatively a general outline for the course:

A. Molding Films.

1. Kindergarten, first and second years. Fables, fairy tales and nature stories designed only to entertain, and to be interwoven with character story.
2. Grammar School.  
First and second grades—Elementary botany interwoven with character story.  
Third and fourth grades—Geology, botany and zoology interwoven with character story.  
Fifth and sixth grades—More advanced geology, botany and zoology interwoven with character story.

B. Teaching Films.

1. Grammar school.  
Seventh and eighth grades—Continuation of geology, botany and zoology, and introduction of physiology.
2. High school.  
First year—Elementary anatomy of animals and human beings.  
Second year—Histology.  
Third Year—Pathology.  
Fourth year—Embryology.

It is thought that the entire series of molding films would secure a better hold on the attention of young children if grouped around the adventures of a little boy and girl. These film children could be shown as the same age as those to be instructed and it would be easy to introduce nature films as the adventures of these children on a visit to the country, to the aquarium or to the zoological garden.

Fables, fairy tales, etc., could be inserted as stories told or read. It might be advisable to continue this character story through the first two years of teaching films, that is through the seventh and eighth grades of grammar school. Further than this it would hardly serve.

*Probable Results*

The influence of such a method of teaching sex hygiene on a child, who through it has been initiated into the nature of flowers and plants, animals and human beings, and who has been during his entire school life taught to regard such facts as natural and wonderful, it is believed would be far-reaching. The disadvantage of the present methods of teaching sex hygiene would be done away with and sexual matters instead of being forced into undue prominence would take on perspective and fall into place among the other wonders of nature. There would be no doubt about these facts being presented in the right way.

At the same time, through pictures showing noble acts as performed by the famous characters in history and fiction, the appreciation for what is fine in character would be formed.

It would certainly seem that with such a training behind him, the child, unless perverted by home and outside influences, should receive a decided bent toward a frank, healthy outlook in sexual matters and toward what is beautiful in character and conduct. It might also be hoped that this bent would be sufficiently strong to

counteract, in part at least, deleterious influences from elsewhere.

One may be all the more inclined to assume an optimistic attitude toward the results of such training as the opinion of many of the educational psychologists of today is that education is far more powerful in determining moral traits than intellectual. Yet consider how many school hours during how many years are devoted to attempted improvement of the intellect and how little time in school is devoted to moral training.

A quotation from the conclusions to which Thorndike arrived, at the close of his monumental

work on educational psychology, is illuminating in this connection.

"Morality is more susceptible than intellect to environmental influence," he writes. "Moral traits are more often matters of the direction of capacities and the creation of desires and aversions. Over them education has greater sway, though school education, because of the peculiar narrowness of the life of the school room, has so far done little for any save the semi-intellectual virtues."

The proposed method of systematic sex instruction is aimed to take advantage of this truth.

## Suggestions for Hot Lunches

BY MERLIN WILKIN

*County Nurse, Lake County, South Dakota.*

THE teachers of Lake County, South Dakota, discovered that a very large percentage of children in school were decidedly underweight. This knowledge naturally led to the nurse and teachers trying to find the cause and a remedy. In many instances it was due to poor teeth and other physical defects. The parents were notified of these defects and were urged to have them corrected.

With many children the underweight was due to undernourishment, not because the parents neglected the diet of the child, but for the following reasons: It is a known fact that growing children are quite likely to eat very little for breakfast. Then if the school

lunch is cold, and, as is the case in many Lake County schools, there is no drinking water, the lunch is not eaten, or if it is eaten at all, it is very irregular. So the average child eating a cold lunch does not get an adequate meal until the close of the day.

For many years school officials have recognized that the solution of this problem was the correct supervision of the noonday lunch with some hot dish prepared to supplement the lunch sent from home. There are many things to be gained by this method. In the first place, the child learns to sit down and eat his lunch at a regular time and in an orderly manner. The lunch is eaten as it should be,

that is, the sandwiches first and the dessert last. In the second place, children who will not eat cold food will eat a hot lunch; and again, the lunch is not eaten dry, which makes it very hard to digest.

Early in the year each teacher was furnished with a copy of the hot lunch pamphlet published by the State Department of Education. Several of the small town and consolidated schools are serving lunches. Many country schools are serving them. Some prepare quite an extensive lunch, while others serve only hot cocoa, etc. It may be interesting to give suggestions for luncheon menus, taken from reports of the teachers in different schools.

About 400 children are being served, and the teachers write as follows:

Chester High School: "Two pupils each day assist, and the parents gladly coöperate in the plan. We serve soups, alternating with potatoes and creamed vegetables. Each child furnishes his glass, bowl and spoon and the parents send supplies as needed. We serve 35 or 40 each day."

School No. 3, Wentworth District: "The children bring cocoa or milk to school and we heat it on the stove. This is one of the events of the day and is enjoyed very much."

School No. 9, Farmington District: "Our hot lunch equipment is one kettle, dishpan and tea kettle furnished by the school board, and cups, towels and spoons brought by the pupils. Have served cocoa, potato and other soups, the pupils and school board furnishing supplies. The children are very enthusiastic over the hot lunches and I can see a marked improvement in their school work. The hot lunches are certainly a success in our school."

School No. 8, Highland District: "Our hot lunches are prepared, using a double boiler on the heating stove. It proves very satisfactory and the children all enjoy taking turns at the work."

School No. 4, Lake Center District No. 5: "We have one hot dish each day at noon. The children prepare the lunch with my help. We use the school heater. The parents are well pleased and send us things specially for us to cook."

School at Junius: "Our hot lunch equipment was paid for with funds from a basket social and most of the supplies are furnished by the pupils. It costs from 3c to 5c a day per pupil and the parents are heartily in favor of it. Miss Marks and I prepare and serve the lunch and the girls wash the dishes and straighten up the room."

Orland Consolidated School: "Our hot lunches were started by donation, both of supplies and equipment. Later a basket social was given to continue the work. Milk is purchased regularly to supply the 80 children fed at noon. The menu consists of cocoa, rice, vegetable and meat soups and creamed vegetables and the work is done by the pupils who volunteer. There is a noticeable difference in the work and general attitude of the pupils toward school since we established the "one hot dish a day" program. They all go back to their work with a vim."

Franklin Consolidated Schools: "Our hot lunches have been carried on successfully since Christmas. Money raised at a social financed it for several weeks, then the parents were called on for pledges. The response exceeded all expectations. Some of the pledges looked like a month's grocery list. The girls in the grammar school cook the lunches and menus are prepared a week in advance. The families are notified of the supplies called for and the proper day to leave them. The menus are handed in and marked according to time spent, success of lunch and aid given. These serve as a basis for school credit."

## Beginning a School Inspection

*Suggestions for Nurses Starting School Inspection for First Time in Small Villages and Rural Communities*

BY EDITH S. COUNTRYMAN, R. N.

*School Nursing Demonstration Nurse, Iowa Tuberculosis Association*

HAVING reported to the superintendent of a school and arranged for a room where the inspection is to be conducted, it is not unusual to find only a few of the necessities about the school to use in beginning work. Often it is hard even to get a room (20 feet) in which to make the eye test and, occasionally, one will need to use a well lighted hall for this purpose. Let the superintendent feel that your work is so important that you must have a suitable place for it, if possible. This will also help other nurses who follow you in the field.

If the school does not have a pair of scales it will be well to arrange for them early. In the small town it may be necessary to borrow from the grocer, butcher, or elevator man. Very seldom will you find a pair, even in the physician's office, in the small country town, so, if possible, write the superintendent of schools of your visit and ask him to have a pair ready for you upon your arrival. Unless you are successful in getting scales with the measuring rod attached you will need to use a yard stick tacked to the side of the door or wall. This will answer the purpose very satisfactorily.

Arrange the desk in a neat and orderly manner. This is important in teaching order to the pupils. A large clean blotter adds greatly to the appearance of the table. Keep the tongue blades in a neat, clean linen sack which can be closed with a draw string when not in use. The finger nail file, orange wood stick, and nail clipper may be placed in a convenient place. The nail file and stick should be kept in an antiseptic solution. They are used in showing the child the use of each, rather than in trying to carry out a complete manicure. All other necessary supplies should be kept under cover. When the room and all else is in readiness you are then ready to begin the inspection of the pupils.

Remember, you are making your first appearance as a school nurse and the children have queer ideas of just what this means to them, so that *tact*, in large letters, is necessary for the process of "getting acquainted."

It is better to start the inspection with the third or fourth grade. These are your best little advertisers. They are so interested themselves in the new visitor that they will interest instead of frightening the younger pupils.



You have been introduced to grade three and have greeted them with a pleasant "good morning." These boys and girls seem unduly alarmed at your entrance. A little talk full of "pep" is necessary and must be most tactfully presented. It may take something of this form:

"Boys and girls, I am very happy to be with you today and in order that we may become acquainted more quickly, I am going to ask you to join me in a few games. You all enjoy games and I wish you would play a little flower game with me. Each one is to represent some strong, beautiful flower that grows out in the sunshine and fresh air all the time. (Point to a little girl wearing a big red hair ribbon.) What a lovely red rose you would be, or (to the boy with golden hair) you would represent such a strong sun flower or golden rod. Now the violet has a very beautiful face, but its little stem is very tender because it grows down in the grasses out of the sunshine, so be sure you are not a flower like the violet or the buttercup, but a strong flower with a happy face, healthy leaves and strong stem. I will be a daisy because I am tall and wear a white collar. Now when you come up to see me in my room I will try and guess which flower you represent."

They will usually choose a flower the color of their dress, hair ribbon or necktie. This game makes an easy entry to your room

where the inspection is to be conducted.

"Now we are also going to play other games while you are paying me a visit. One is a new game of hide and seek, not like the old fashioned one you have been playing, but a game of hide and seek with your eye and ear."

Here a demonstration is necessary to show the child how to cover one eye while spelling the letters on the test card, without making pressure upon the eye, also the game with the ear. Cover both eyes with the card, placing the pointer finger on the temples where the card is being held and tell them that by wiggling the thumb they indicate near which ear the watch is held. (The watch should be tested by four persons with normal hearing to determine the correct distance at which it should be held.) A card about 3x8 will serve nicely for both tests and if made with idea that it is a book mark and carrying some health hint, the child will be anxious to get one and keep it in a school book indefinitely. You will have some idea of how defective the child's hearing is by the distance the tick is heard from the ear. Always start with the normal distance and gradually bring the watch closer to the ear in case the child does not respond well.

It is better to take two pupils from the grade, so that one may watch the tests and will respond more readily when it is his turn. When one pupil goes back to the

room another is sent to you. In this way there will be only two pupils from the class room at a time. This plan works very satisfactorily until the sixth grade is reached, and then one is sent at a time.

For a very thorough inspection a nurse usually takes from twenty-five to thirty pupils a day, giving each a personal talk and instructions on health habits that it seems necessary to emphasize.

Remember in giving the first inspection that much depends on how well the parents and all concerned are satisfied. Bear in mind that it is not the amount you do that counts, but how thoroughly you do it. You will find in the small towns that every one will know about your work and how it is conducted. If visitors wish to watch the inspection they may without interfering while you are having the pupils below the sixth grade. After that grade the child usually feels embarrassed by visitors and listeners.

The first and second grades will respond well to the flower game or to a bird game.

Each child represents some bird that he likes best of all. The kind of birds that the nurse wants to fly up to her nest are those sleeping out of doors in nests or those sleeping in little bird houses with open windows and doors so that they will grow strong and can fly a long distance. Two or three children then go out of the room and they pretend to be flying to the mother bird's nest, represented

by the nurse's room. The nurse then tries to guess the birds they represent.

Stories and games seem to be the best way of interesting the children in forming health habits. The Health Crusade chore chart has been most valuable in getting this over to the children and often carries the message home to parents who have not been very regular about the shaping of such habits.

It is important to sustain interest after class room inspection for cleanliness—the nurse may be away for a time and unless the teacher continues to follow up the work the child loses interest. Try having the grades elect little nurses to do the class room inspection, under the direction of the teacher, during the absence of the nurse in other parts of the country. This has proven very successful in grades from the first to the fifth.

One school in Ida County, Iowa, conducted a class room inspection for several months, while the nurse was elsewhere. The pupils of the grades elected their own head nurse and assistant by ballot before the nurse left. The election was a lively and exciting event, for the children were careful to choose the ones who were neat, clean and had good personal habits. They surprised the nurse upon her return by presenting her with individual records of each pupil during her absence. Marks were given to indicate dirty finger nails, neck,

ears, face, and for not carrying a handkerchief. If the child with a fault made a correction before the day was over another mark was placed on the chart to show that he was in good standing with his fellow playmates.

The fourth grade of the same school conducted a clean up campaign. The girls took charge of the school room activities, the boys elected a captain and lieutenant to inspect the premises of the home. When any boy or girl reported that his or her home was up to 100 per cent, the captain or lieutenant went to the home to see if the boy reporting had completed a good spring cleaning of the premises. If so, he was entitled to have his name on a blue cross which was placed on the honor flag in his particular school room. The flag was presented to the class by the Director of Nursing Activities while she was making a visit in the country, and impressed the children very much. Where there were no boys in the family the girls did the work.

The young officers looked very closely to see whether the yard was clean and raked, tin cans and ashes out of the alley, privies in good condition and if the house was well screened. All windows and doors, that were opened at all, must have screens.

The parents seemed to take as much interest in the clean up campaign as the pupils at school and hoped the nurse who followed would promote one every spring;

the children regarded the whole plan with the delightful seriousness of childhood, and enjoyed every bit of it, and never even mentioned it as work.

With any of the suggestions offered:

The nurse gives the inspiration.

Teacher directs the work.

Children do the active service.

Parents give coöperation.

A pageant in the interest of good health was written by the eighth grade pupils of Bird school in Des Moines, Iowa. Each child wrote his or her part and the pageant has proved a great stimulator for the health crusade. The school has given it many times before large and enthusiastic audiences. Copies may be procured from the Iowa Tuberculosis Association and also the pamphlet on "Teaching Health Through Stories, Games and Outlines," which suggests method of giving a tooth brush drill in the schools.

Handkerchief drills may be given in several ways. First, the nurse may present the drill in story form. Each time the word cough, sneeze, or nose blowing is mentioned, the pupil tries quickly to get his handkerchief and demonstrate its use by carefully covering both the nose and mouth, when catching the cough or sneeze. If any child makes an error, the nurse gives the correct way of doing. Teach them to give short, quick, forceful blows and call attention to the fact that there is a hand side and nose side to the handkerchief,

and that it should be folded properly and placed in the pocket.

The need of the pocket should be emphasized for the little children. Without one the handkerchief is usually left in the hall, desk, or other unhandy place, so that the moment of need finds the child without it.

Another catch method in which the children take an active part, is by giving the drill using the following song:

*Tune (Here We Go Round the Mulberry Bush)*

This is the way I blow my nose,  
Blow my nose, blow my nose,  
This is the way I blow my nose,  
When it is necessary.

(Blow correctly.)

This is the way I catch my cough,  
Catch my cough, catch my cough,  
This is the way I catch my cough,  
When it is necessary.

(Catch the cough in the handkerchief by covering both nose and mouth.)

This is the way I catch my sneeze,  
Catch my sneeze, catch my sneeze,  
This is the way I catch my sneeze,  
When it is necessary.

(Kerchoo! Catch the sneeze in the handkerchief by covering both the nose and mouth.)

#### *Posters As a Help in Teaching Health*

Posters call attention to health activities in a most effective manner. The United States Government recognized their efficiency and used them extensively during the war.

Health posters should as a rule bring out the positive statement, and questions sometimes emphasize the point more clearly.

If the nurse has posters made to present the health talk, she not only holds the attention of the pupils better, but immediately interests and inspires them to do similar work in either poster or booklet form.

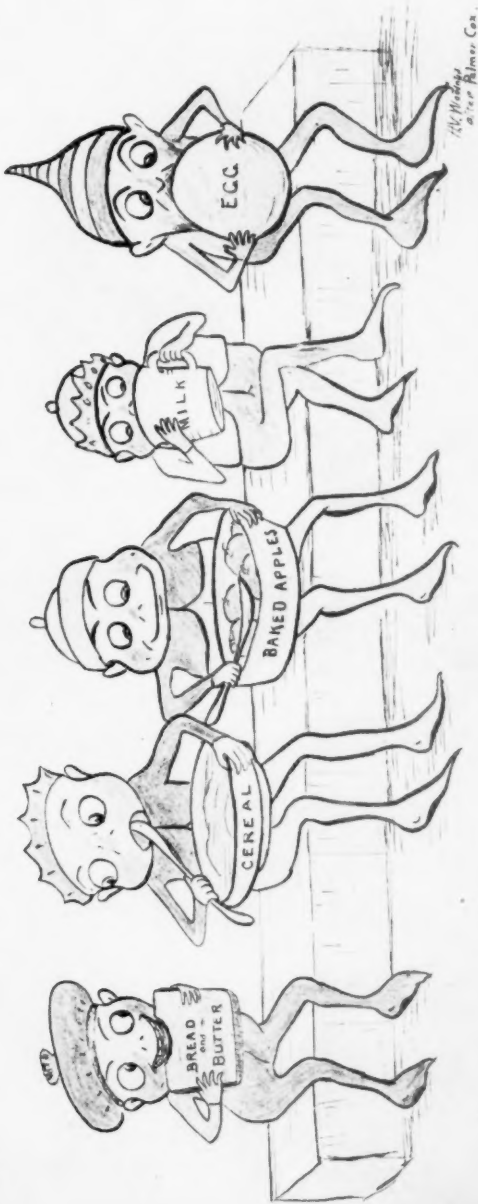
Secure the aid of the drawing teacher and the music supervisor and you will find them the best boosters in promoting health work in the schools. There are many little health songs and parodies written, which the music teacher will gladly use in helping to introduce health work, if they are called to her attention.

Posters may be made either from free hand drawings or by cutting pictures out of magazines and mounting them on cardboard or colored paper that harmonizes well. The letters may be put on with lettering ink or cut out with letters of uniform size.

No matter what your health talk may be, either with or without posters, speak in the terms your audience will understand, when presenting any health subject. Do not expect the child in a strictly rural district to know who you are talking about when you mention Mary Pickford's or Charlie Chaplin's beautiful teeth. The child in the city may not have the same conception of a cow as would the rural child, but both are equally capable and intelligent when the subject put to them is in familiar terms.

If the school takes up the poster idea, arrange to have an exhibit so

NOT HOW MUCH YOU EAT BUT HOW WELL.



# POSTERS CALL ATTENTION TO HEALTH ACTIVITIES IN A MOST EFFECTIVE MANNER.

# ON THE TRAIL OF GOOD LUCK



MUCH INGENUITY MAY BE SHOWN IN THE POSTERS.



that the parents may have some idea of the use of your work in the schools, besides regular inspection for defects. Each pupil in the grades will take part and much ingenuity and real talent will be brought out, with the result of excellent material for exhibits.

The drawing teacher may be planning an exhibit of her materials collected for the year from the grades and it will be easy to arrange for a corner in her exhibit room which can be used in displaying what the pupils have made to represent health ideas.

Health exhibits need not consist entirely of booklets and posters. The small grades may take part in making individual drinking cups, cases in which they may carry their tooth brushes to school at the time of the drill, a tooth brush man with jointed arms and legs made from cutting out paper. Many other ideas may be demonstrated by cut out work.

#### *The One Room Rural School*

Great difficulty has been experienced in handling inspections in the strictly rural community school.

The suggestions that have been offered can be used in introducing the work for the first time. It is wise to talk to the pupils upon your arrival and explain that the tests are to be made in game form.

If the day is warm enough for the nurse to make the inspection out of doors, it will not disturb the progress of the regular recitations. It is better to inspect the small

town schools in bad weather and the country school in good weather, in order to secure the best possible accommodations.

The eye tests may be made in the school room after the general inspection is completed, or out of doors by tacking the eye chart on the outside of the school building in the proper light, and then marking the correct distance from the chart by a stone against which the children put their toes.

If the weather is too chilly to work outside, it is permissible to excuse the school for the period of the inspection and allow the pupils to play outside until they are wanted. It is impossible to make the ear and eye tests, and at the same time to keep the children interested in their studies, even though you are screened off from the other pupils.

Always inspect the children of the lower grades first so that they may see what is going on and may not be unduly frightened by tales of the older pupils.

Arrange the teacher's desk as directed previously. In case you cannot carry a large blotter, a roll of paper toweling makes an excellent substitute. Place the piece of paper toweling over the top of the desk and use thumb tacks to hold it in place. Some children will always be found without handkerchiefs, so take with you a small roll of paper toweling—this will be convenient for blowing the nose before making the nasal test. Some nurses use paper napkins for this

purpose, and a paper handkerchief is put out by the Dennison Company; both these serve as excellent substitutes.

In order that all may take part in the handkerchief drill during the time of your talk, give a square of toweling or paper napkin to each pupil who does not possess a handkerchief. This serves also as a gentle reminder.

The teacher will be glad to help you with the history side of the cards, and usually can write the names of the pupils and get other simple data while the nurse is inspecting another pupil, and thus help to save considerable time.

Instead of giving an individual talk about habits while you are making the regular inspection, much time may be saved in the rural schools by giving the talk after the pupils have all been inspected. At that time, the nurse may explain the method of brushing the teeth, correct way of arranging desk while eating noon lunches, use of individual drinking cup, and demonstrate the way of making paper cups.

Drop in on your school without making notification and you will find things as they usually are every day. The unannounced visit also gives you a better opportunity to judge sanitary conditions. A written report of these should be handed to the county superinten-

dent of schools. Make careful observations in your inspection of the school buildings and make notes at the time, so that they may be written up later.

Make record of:

How often the floor is scrubbed?

Does the teacher use sweeping compound?

How often are the desks washed and dusted?

Are the seats the proper height for the pupils?

Is the lighting and ventilating good?

Where are the rubbers and dinner pails kept?

Have the pupils been instructed on arranging desks while eating noon lunches?

Is a sanitary water container used?

How often is it cleaned? By whom?

How many wash pans available?

How many pupils use them for washing their hands before lunches and after going to the toilet?

Has the public towel been abolished?

Are the privies in good condition?

Is there a jacketed stove?

Do the pupils have individual drinking cups?

Where is the drinking water secured?

Who carries it?

Is the room well dusted and orderly?

It is well to inform the teacher of your report of the conditions found, so that she may make the necessary corrections or see that the directors are informed of their duties and thus may be benefited by your visit.

(For short list of books and current pamphlets see "Book Reviews and Digests.")

## The Co-ordination of Nursing Service In Urban Communities

BY MARY E. MARSHALL

*Secretary for Nursing, National Tuberculosis Association*

CERTAIN factors which played an important part in bringing about the agreements between the National Organization for Public Health Nursing, the American Red Cross and the National Tuberculosis Association, for the correlation and coördination of their public health nursing activities, have an equally important place in the consideration of all other organizations, national, state or local, concerned with public health nursing work. Important among them are the following:

1. The fact that public health nursing, though of such comparatively recent origin, has demonstrated itself as so vital a factor in the problem of protecting and promoting the public health that the demand now far exceeds the supply and will continue to do so for some time to come.

2. The consequent necessity for using every trained worker in the field in such a way as shall secure the greatest amount of service to the largest number of people, who need that particular kind of service.

3. The responsibility, whether recognized or not, that is imposed by these conditions upon every public health nursing organization so to organize and develop its

work that it will attract to it the type of woman best fitted to carry on such work.

4. The crying need to develop more and better public health nursing courses and training centers where such women can be given the equipment of theory and practical experience necessary to fit them for this work.

Public health nursing has been developing and proving itself along various lines since December, 1903, when the first tuberculosis nurse began her work in connection with the tuberculosis clinic at the Johns Hopkins Hospital. There were visiting nurse associations in a number of our larger cities before this time but their efforts were mainly directed to the bedside care of the sick poor in their homes. With the inauguration of the idea of education and preventive work a new and rapid development began and today we have various special kinds of public health nursing, such as tuberculosis, child welfare, school, industrial, mental hygiene, etc.

Very few cities have these special services equally well developed and many have only one or two. As a rule the specialties will have been established under separate organizations and a city may find itself with from one or two to

eight or ten different organizations, all supporting nurses doing some special form of public health work. There will be all degrees of development and efficiency in these organizations probably, but all will be facing the problems of a greater consciousness of need for their service on the part of the public and the difficulty of obtaining a sufficient number of nurses with the requisite qualifications to fulfill these needs.

What shall a city or town, suddenly awakening to a realization of this condition, do?

First: It should make a thorough study of the situation, to find out how many organizations there are doing any form of public health work; what their resources are; how many workers they employ; how much of the city they are covering; what the cost per visit is; how great is the need in the city for each particular service; what are the needs that are not covered in any way.

One city of about 270,000 population on making such a study found that "the educational and preventive side of nursing has been pretty well developed. About sixty nurses are engaged in this form of work, divided into industrial nurses in the factories, school nurses, tuberculosis nurses, social service nurses, etc. Only five nurses (three graduate and two still in training school) are doing full time bedside nursing—that is, giving actual physical care to the sick—and two doing part time bedside

nursing. That this limited amount of bedside nursing is unorganized and undistributed; namely, that each one of these nurses has practically the entire city for her district." Almost every city will find surprises of one sort or another in such a study and both overlapping and serious gaps in the services may be disclosed.

Second: When the results of such a study have been assembled and analyzed, a conference should be called, consisting of representatives from all the various agencies engaged in or contributing to any form of public health nursing or social welfare work, and including the Board of Health, the Board of Education, the Chamber of Commerce, the Medical Association and any other body which is or should be interested in the health work of the city. The analysis of the results of the survey should be clearly presented at this conference and if possible plans outlined for the improvement of the service. Coöperation and coördination were fairly forced upon many industries during the war and their lesson should help us to arrive at a solution of many of the problems which now force themselves upon us.

The questions that will arise during the formulation of such plans will be governed by the conditions disclosed by the survey.

Is a central organization, representing or drawing together all of the separate organizations, desirable? If there is one especially

well organized and efficient association, should its efficiency be lessened in any degree in order to strengthen that of weaker organizations, or should it be kept intact and distinct until the weaker ones can be brought up to the higher standard by coöperative effort and then all united to form a central organization? If a central organization is decided upon, shall the nursing service be made a generalized or a specialized one? How shall such an organization be financed? How shall it be managed?

These are some of the leading questions confronting the men and women who realize the need to improve the administration of public health nursing work in many cities and towns.

The arguments in favor of one central organization are numerous: (a) The cutting down of overhead expense by administering all the work from one office, thereby making a larger sum available to put into actual nursing service. (b) The better correlation of the work of the nurses when their work is planned from one office. (c) A great saving in the time which nurses in different organizations find necessary to spend in conference with each other. (d) A better service to a larger number of people due to the better correlation of work and saving of time. (e) The advantage of being able at all times easily to learn from one source just how complete a service is being rendered in the city and

what the needs of development are. (f) The increased force of an appeal to the public for support by a united effort backed by an efficient record of achievement.

In bringing about the organization of such a central body, many difficulties may be encountered, but if the preliminary study of conditions is honestly and efficiently made, and reported to a group of representatives of all the different organizations as outlined above, the need for coördination and expansion of the present work and for united effort to build up the gaps in the service will usually be so clearly revealed as to overcome all the objections.

Just how this should be accomplished will require the best judgment of all concerned, and it will often be wise to secure expert advice on the subject such as may be obtained from the Director of the Bureau of Public Health Nursing in the State Board of Health, wherever such a bureau exists, and the National Organization for Public Health Nursing at 156 Fifth Avenue, New York City, which is well equipped to assist in such projects in all parts of the country, through its secretaries.

The question as to whether the nursing service shall be a generalized or a specialized one is still being warmly debated in nursing circles. Theoretically, the generalized service has rather the better of the argument, but in actual practice, with the present difficulty of securing a sufficient number of

nurses and the necessity of giving many of those already in the specialized field extra training before they are qualified to undertake a generalized piece of work, the dangers that beset the way must be carefully considered and safeguarded before undertaking such a program.

Some of the arguments in favor of the generalized program are:

(a) One nurse in a small district can give more actual nursing service to a larger number of patients than several specialized nurses covering a larger territory. (b) Avoidance of possible confusion and friction resulting from visits of different nurses to the same family. (c) A saving of travel *time* as well as car fare. (d) Each nurse knows her small district thoroughly in all its different aspects and should therefore be able to give a service more nearly adequate to the needs of the people.

The main rocks upon which this program might founder are: (a) The difficulty of securing a sufficient number of nurses so that each nursing district can be made small enough for one nurse to handle all the work in a satisfactory manner. Where the districts are too large the educational and preventive work is apt to be neglected because of the paramount necessity of caring for the sick patients who must have actual bedside care. (b) The necessity that each nurse shall have had such training and experience that she is qualified to handle the chief forms

of specialized nursing, such as tuberculosis, child welfare and prenatal work, with a special reference to their preventive aspect. (c) The necessity of providing in some way that each special line of work shall not be sacrificed in the general program. There is a very definite danger that the nurse with a generalized program will become too much absorbed in some one particular phase of it to the neglect of other equally important needs of the public health. One way, and perhaps the only safe way, to guard against this is to maintain a sufficient number of specialized supervising nurses who will keep in close touch with the work of all the nurses on the general staff and through a constant study of the nurses' records and the death and morbidity rates of the city or town keep informed as to the amount of attention required for each special line of work.

The arguments in favor of the specialized program are mainly as follows: (a) A nurse devoting herself to one particular disease or class of diseases inevitably becomes much better informed about that disease and its treatment, the methods of nursing care that bring the best and quickest results, and also the most effective means of prevention. A nurse charged with the care of all public health nursing needs that arise in her district cannot keep equally well informed about the progress made in the care and treatment of each special kind of disease unless some provi-



sion is made for hours of study and attendance at the conferences and conventions where the various specialties are discussed. (b) It is much easier to rouse and hold public interest and support in the care and prevention of a special health hazard than in a program of general health promotion.

How shall a combined or coördinated organization be financed? Logically it should be, and eventually it will be, financed by public funds drawn from the whole body of citizenship through taxation. When the weight of emphasis in the nursing service is placed upon the prevention of illness through teaching and demonstrating the methods of both personal and community hygiene and its effect upon the sickness and death rates of the city it is not so difficult to make the taxpayers understand that the benefits accrue to every member of the community.

But the first demonstration has to be financed usually by private funds. This has been accomplished in various ways by different communities. A pooling of funds by all the different organizations entering into the coalition is usually the first move and these may be supplemented by city or county funds, by the Red Cross, Chamber of Commerce, women's clubs, churches and any other public-spirited organizations. Where there is a "community chest" or similar plan of financing local enterprises of this sort it should be the medium through which the funds are

obtained. The City of Detroit is perhaps the best example at present of this method. But whatever means are employed there should always be kept in mind the eventual placing of the burden where it belongs, i. e., upon the whole body politic.

How shall such an organization be administered? It has just been stated that the financial support should come eventually from the public funds. When that time arrives the management of the service must pass to the properly constituted authorities charged with the administration of such funds. This fact should be kept in mind when planning the administration of any coördinated nursing service and the closest possible affiliation should be established with the Health Department.

Whenever it is possible to do so advantageously, such a coördinated service should be made a bureau of nursing in the Department of Health. This establishes from the beginning its connection with the branch of the government that must eventually become responsible for it. Local conditions will have to determine the extent of the affiliation, however, and it is absolutely necessary to guard against the possibility of the service becoming involved in political contests or controversies. This fear will often prove to have been an exaggerated one, however, when an earnest, open minded effort has been made to bring about the right

sort of understanding and agreements.

Before it is possible to attempt any move of this kind it must have become very evident that the majority of the members of all the different organizations, or at least of the largest and most influential among them, are ready to forget all prestige or personal glory which might accrue to their individual association and to work wholeheartedly for the greatest good to the community as a whole.

With this promise firmly established there should be created a Board of Managers or Directors composed of representatives from all the different organizations contributing to the support of the new project. These representatives should include the men and women whose interest and efforts have been most influential in building up the various kinds of nursing and welfare service in the community and who, because of this experience, are best qualified to assist in developing a larger and more efficient service.

For example, a visiting nurse association, tuberculosis, child welfare, and any other organization supporting nursing service might continue to pay the salaries of their nurses and place them all under a competent supervising nurse whose salary is paid by the Health Department or shared jointly by the coöperating agencies. This supervisor or director of nurses might have an office at the Health Department and be responsible

first to the Health Officer and through him to the joint Board of Managers for the planning and supervision of the work of all the nurses. Questions of policy and further development would be taken up by the Board and decided by them in consultation with the Health Officer, who would then become responsible for seeing that these decisions were carried out.

One of the important advantages of this arrangement is that, while the nursing service is still under the control of the voluntary organizations by reason of their financial support, the Health Department officials are becoming familiar with the duties and responsibilities of the administration of such a service and with the standards necessary to be maintained; and when the time comes that the government can assume the entire support it should welcome the continuance of the Board of Managers in the capacity of an Advisory Council.

The experience of a considerable number of States, cities and smaller communities in various parts of the country has proved that such an Advisory Council, composed of the men and women in the community most interested and best informed on the subject, is absolutely essential in order to keep up the interest of the community in the service and to help the governmental agency maintain the same high standard of efficiency to which it had been developed under the voluntary organi-

zations. Without such a Council the service is very apt to become a mere routine procedure, and when it reaches this stage the best nurses seek other positions and the general efficiency is reduced to a considerably lower level.

In the discussion relating to the coördinated service under the general supervision of the Department of Health the question may arise as to whether the school nursing should be under the Board of Health or the Board of Education. Here again the local equation should be the determining factor.

Given Boards of equal intelligence on the subject and willingness to develop the service according to the best standards, the weight of argument seems to be with the Board of Health. Charged as it is with the responsibility for protecting the health of the community, in time of threatened epidemic its authority must not be questioned, and quicker and more effective results may be achieved if it is at all times directing the health work among the school children.

The school nurse frequently will need the support and authority of the Board of Health behind her recommendations and this will be more often and more generally applied if her work is a part of the whole general public health program. When the Department of Health becomes as much concerned with the promotion of health through conserving and de-

veloping all the agents that aid in the upbuilding of physical vigor as it now is with the safeguarding of all sources of infection, the relation of the Department of Health to the school nurse will not be so often questioned.

On the other hand, the teachers and school officials may take a greater interest in her work if the school nurse is a member of their own department, and it may therefore be possible to develop the school nursing more quickly and secure greater benefits for the children under the management of the Board of Education. In this event the work of the school nurses should be correlated as closely as possible with that of all other nurses in the community.

This can be accomplished by arranging to occupy adjoining offices whenever possible, and by regular hours for frequent conferences between the supervisors and individual nurses and by an exchange of weekly or monthly reports.

When it is not possible to put the nursing service under the general supervision of the Health Department because of local conditions political or otherwise, the Board of Managers must assume this duty. It should always keep in mind, however, its responsibility so to administer the service that the community will become familiar with its aims and objects and by recognizing its value become ready to assume its support.

## In Memory of Florence Nightingale

SERVICE IN CLEVELAND

*By Isabel W. Lowman*

ON May 14th, 1920, at half past eight o'clock in the evening, there was held in Trinity Cathedral, Cleveland, a service in commemoration of the life and labors of Florence Nightingale. The Cathedral clergy, choir and seventeen hospital training schools and nursing organizations participated in this centenary celebration.

The hymns and anthems were chosen with reference to the different periods of Florence Nightingale's life, and included her favorite hymn, "The Son of Man Goes Forth to War"—"Against the rulers of the darkness of this world," one could fancy her saying, as the mighty organ under a master's hand, thundered out its interpretation of her dauntless spirit.

After the entrance of the choir, the hospital training school students in uniform filed in, one after another, their ranks quietly falling away into the pews off the middle aisle.

The Red Cross nurses, including the over-seas nurses with their capes, and the graduate nurses, also in uniform, marched steadily in as though passing in review be-

fore their Lady in Chief, whose memory they were met to honor. The emotions of the lay members of the audience were profoundly stirred as, sitting in the beautiful church, they looked upon this great congregation of earnest, attentive women.

On the altar stood white lilies, placed there in remembrance of Isabel Hampton Robb and Jane Delano. The dean of the Cathedral, the Very Reverend Francis S. White, gave the address. After sketching briefly the life and labors of the founder of modern nursing he turned to his audience below and in intimate fashion spoke to them those quickening words which enkindle the soul and make of man a living spirit. I think that all of us who heard him came away with the feeling that nursing is one of the great instrumentalities through which God's will may be done on earth. One felt also that in accepting this trust the dean became, as it were, the spokesman of the great Victorian, who, through him, yet once again reached her children, with the deathless challenge of, "The Son of Man Goes Forth to War, Who Follows in His Train?"

## \*IN MEMORY OF A GREAT WOMAN AND HER WORK

By Rev. Dr. William Rosenau

Professor of Semitic Languages, Johns Hopkins University, Baltimore, Md.

**H**ISTORY is the work not only of men but also of women. Alongside of the illustrious hero is the heroine; beside the immortal author is the authoress; and so forth.

Of course in the last one hundred years, more so than previously, we have been made to recognize feminine possibility in the development of the social well-being. In the widespread emancipation which has taken place, that of woman is not, by any means, the least important.

What a woman can accomplish, provided she is given an opportunity and the opportunity is embraced by her, is shown in the career of her whom we desire to honor tonight. I refer to *Florence Nightingale*.

Deservedly the hundredth anniversary of her birth has been commemorated at the hands of men and women, scientists and religionists alike.

That Florence Nightingale was the famous nurse who brought balm and cheer to the dying and wounded in the Crimean War, you know. However, as you contemplate this fact let it not be overlooked that she was suited to her calling by the bent of her nature, which prompted her early in child-

hood to bandage her dolls and her pet animals.

Her life history is indeed interesting. While it shall not be recited here, you would do well—and you are able—to acquaint yourselves with it. Let me say only, by way of summary, that Florence Nightingale is to all other people, as well as to the followers of her profession, an example for emulation. Is not self-sacrifice the *leit-motif* of her every effort?

The influence of her soul was felt not only by England in the Crimean War, but also by America in the Civil War and by Germany in the Franco-German War. And if a publication ever gave marked impetus to the study of a subject, such publication is Florence Nightingale's "Notes on Nursing."

She has been immortalized in the Training School for Nurses in London and even in verse; but her chief immortalization lies in the tendencies for which she is, by her life, in great measure, directly and indirectly, responsible. What are these tendencies?

First and foremost, I would suggest that nursing was, through Florence Nightingale, made a profession. Who will dispute that she turned the nurse into the physician's efficient helper? Who will deny that she added a serviceable and legitimate calling to the few

\*Abstract of address delivered at the Eutaw Place Temple, Friday evening, May 14, 1920.

vocations which, in her day, were open to women? Who will gainsay that she demonstrated the necessity of proper hygienic conditions in every sick room? Who will contradict that she made general the belief that the knowledge of the fundamentals of her science should be commanded by the women of every home? In fact it may be asserted that the Red Cross nurse, bringing relief in battle-ridden and misery-laden zones, finds her justification in Florence Nightingale.

Has her life a message for the future? Yes! An important message! It calls for recruits to enter the nursing profession. It pleads for the founding of new schools for nurses and the expansion of existing ones. As long as there shall be sickness, so long nurses and

schools for nurses will be required. But let no school for nurses be established or maintained which fails to conserve the dignity of this most sacred of woman's callings. And let no recruit be kept within the ranks who does not make her personal advantage secondary to the altruistic service she should render.

In the face of an all-too-prevalent selfishness, the world wants persons imbued with self-sacrifice. It would own, by the thousands, women like Florence Nightingale whom, in death as in life, mankind is prepared to honor, and of whom Longfellow sang in his "Santa Filomena":

"A lady with a lamp shall stand  
In the great history of the land,  
A noble type of good,  
Heroic womanhood."

#### CELEBRATION IN MINNEAPOLIS

A very beautiful program was arranged for the Florence Nightingale Centennial in Minneapolis, which was celebrated in the First Baptist Church. A procession of nurses represented different orders since Phoebe, making a beautiful picture, as they ranged themselves on the platform and the choir loft behind.

On the cover of the program leaflet was reproduced the Florence Nightingale Window in the

Chapel of the Royal Infirmary, Glasgow—a very beautiful picture of the "Lady with the Lamp."

Special leaflets were distributed through the high schools; and student nurses from the different training schools were sent to their own high schools to give out literature and address the pupils. This created great interest not only among the high school girls, but also among the principals and teachers.



## CELEBRATION IN NEW HAVEN

In New Haven, Connecticut, a program including tableaux and demonstrations was given in the high school auditorium, under the auspices of the Connecticut Training School, Grace Hospital Training School, St. Raphael Training School and the Visiting Nurses Association.

The program was divided into

three parts, the first consisting of tableaux illustrative of the life of Florence Nightingale, the second showing demonstrations of modern nursing, etc., and the third being devoted to public health, including an address by Professor C. E. A. Winslow, and tableaux and demonstrations by the different public health nursing groups.

## CELEBRATION IN CHICAGO

One thousand nurses gathered at Orchestra Hall, Chicago, for the celebration of the birthday of Florence Nightingale on May 12th. A most significant program was presented. Professor Soares of Chicago University, Rev. Father Moulinier, S. J., President Catho-

lic Hospital Association, and Miss Eldridge were the principal speakers. A charming feature was the Nightingale chorus of one hundred pupil nurses, trained by John Norton of the Civic Music Association. Higher education and higher ideals for nurses was the keynote of the addresses.

## SERVICE IN WESTMINSTER ABBEY

The following account of the commemoration service held in Westminster Abbey is taken from "The Nursing Mirror" (London) and has come to us through the courtesy of Miss Lloyd Still, matron and superintendent of the Nightingale Training School, St. Thomas Hospital, London:

The centenary of the birth of Miss Nightingale was celebrated on May 12 by a special service held at Westminster Abbey—a service which is one not likely to be forgotten by those who were privileged to attend. The choir and lantern were well filled with nurses, the Nightingale School being represented by a large number of the staff, who walked over to the Abbey with

their matron, Miss Lloyd Still, in their indoor uniform with white caps, but wearing scarlet-lined cloaks. . . . After the opening prayers Psalm LXV was sung. The first lesson, read by Canon Temple, was taken from the sixty-first chapter of Isaiah—"He hath sent me to bind up the broken-hearted," and the second from St. Matthew XXV 36—"I was sick and ye visited me; I was in prison and ye came unto me." Then came Schubert's beautiful anthem, "Where Thou Reignest, King of Glory, Throned in Everlasting Light," followed by an address from the Dean of Westminster (Bishop Ryle). He took as his text the twenty-ninth verse of the thirtieth chapter of Proverbs, "Many daughters have done virtuously, but thou excellest them all." He spoke of the three great outstanding charac-

ters in the last century who had helped to conquer pain—Simpson, known as the discoverer of chloroform; Lister, who introduced antiseptic methods; Florence Nightingale, who founded scientific nursing. He expressed his regret that her statue did not stand by that of the Earl of Shaftesbury, as had been proposed at the time of her death, when her family refused the offer of her burial in the Abbey. In describing shortly the chief events of her life, the Dean spoke of Miss Nightingale as a strong, gracious woman, with

complete mastery over her own dominion. He thanked God for all the great women He had given this country during the nineteenth century, particularly Queen Victoria and Florence Nightingale, those two who for strength of mind and integrity of purpose stood above all others. The service concluded with the hearty singing of "The King of Love My Shepherd Is." Later many a nurse could be seen lingering in the cloisters before returning to the busy, noisy world outside.

### \*Charge to a Graduating Class

BY HARRIET LECK, R. N.

*Acting Superintendent, Visiting Nurse Association, New Haven, Conn.*

W HEREVER and whenever there is life to be tended, nourished or nursed, educated and saved, whether the life be yet unborn or new-born or senile or ill, there is the field for womanhood exercising its great function of foster motherhood." You have prepared yourselves to be trained foster mothers in your district, wherever that district may be. Which means that just as the mother is alive *to* and interested *in* all the needs—physical, mental, spiritual—of her child, just so your people will recognize in *you* a sympathy and human interest—a comforter well worth listening to. "Who giveth himself with his alms feeds three—himself, his hunger-

ing neighbor, and Me." Back of the sick body there is a reason always which many times has its source in lack of knowledge of the value of a recreational and social life or of the necessity of a nourishing of the spiritual life.

Teach your people the way to the larger life with all of its possibilities. "Through teaching we serve"—and we teach by example, we gain coöperation by sympathy and interest, as well as by demonstration. They have eyes which see; they have ears that hear, much more sometimes than you may realize. Then if you would give them the greater things of life, take with you always and everywhere the spirit of the Master, who never tired or grew impatient with the lack of appreciation, ignorance, or indifference of the people.

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\*Charge to the graduating class in the eight months' course in Public Health Nursing of the Visiting Nurses' Association in New Haven.

Somewhere on Miss Hills' desk I found these phrases; had she been here today she might have enlarged on these points with you: "1, Patient waiting; 2, tactful working; 3, wise coöperation." Can we follow out their meaning and be the ideal Public Health Nurse without daily conference with One whose hand is mighty to save, whose heart is big enough to encompass the whole world and whose guidance we *must* depend upon if we would be a "mother" to our people?

I therefore commend you not to forget this one thing that many of us are apt to forget in our busy lives, and to call your attention to the fact that your success in being able to inspire and reach your people depends as much upon that one source of strength as upon the knowledge you have gained in both the theory and practice of Public Health Nursing.

We hear a great deal at present about industrial unrest. Who can better help in "pouring oil upon the troubled waters" than you, as you gain entrance into the homes with all their problems and difficulties? The manager of a large industrial plant not long ago asked for more nurses—his reason being that the nurse whom he now had had done more to keep his employes happy and contented than any one he had yet tried in the plant. *It does not take the family long to know whether or not your heart is working right along with your hand.*

In conclusion, I would urge you to strive for a solidarity in the ranks of your profession. Because you are a graduate Public Health Nurse you are not separated from a full realization of the problems of every other field of nursing. Are you interested in filling up the ranks of the public health field? Then you must aid at every turn of the road in interesting the young women of character and of a desire for service to enter the training school. This year we are having the centennial celebration of the birth of our patron saint, Florence Nightingale; let us put forth our efforts and avail ourselves of every opportunity to show—even as we demonstrated in the World War—that the call of the world for nurses shall be answered and that we as a profession will not be found wanting. By adjusting ourselves to one another and pulling together—willing to follow our leaders with not too much criticism—we shall accomplish the task before us, mammoth though it may now seem.

"He has achieved success who has lived well, laughed often and loved much, who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved poppy, a perfect poem, or a rescued soul; who has never lacked appreciation of earth's beauty or failed to express it; who has always looked for the

best in others, and given the best he had; whose life was an inspiration, whose memory a benediction."

My heart goes out to you as you are deciding upon your fields of work and with all of our dear nurses, many of whom have been faithful in their work for a number

of years and each have had a part in the building up of so splendid an organization as our Visiting Nurse Association—we wish you a life of usefulness. May your motto give you enthusiasm and your colors—the green and white—keep you pure and full of hope.

## An Institute of School Hygiene

BY CHARLOTTE TOWNSEND

*Supervisor of School Nurses, Omaha, Neb.*

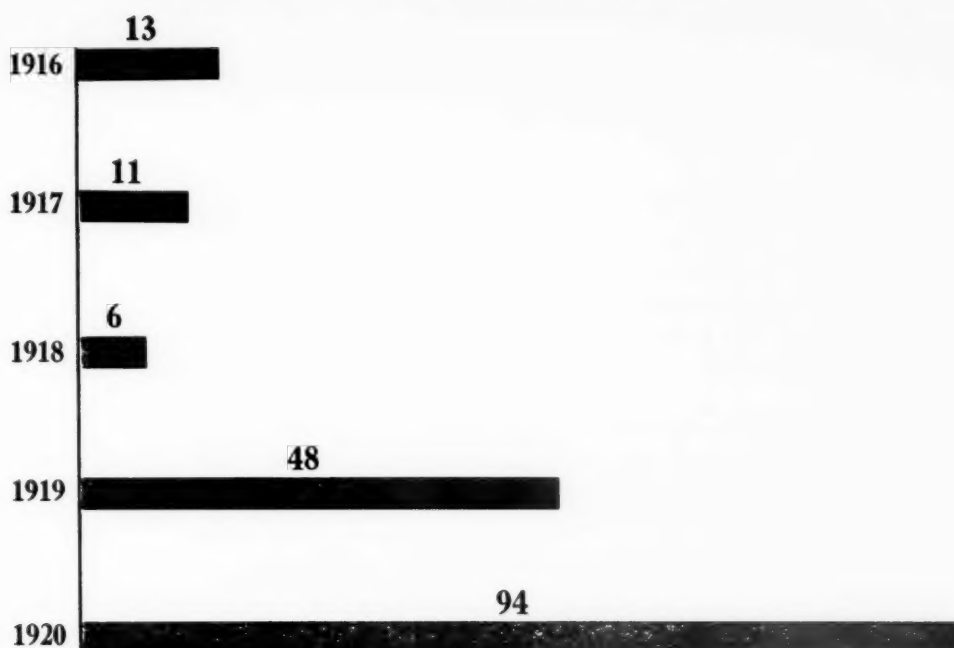
THE summer of 1916 opened the first session of the Institute of School Hygiene under the direction of the Cleveland School of Education. The accompanying graph, representing the enrollment in the school nursing class during these five consecutive summers, represents well the nurses' appreciation of the school.

This course is designed expressly for registered nurses who are, or expect to be engaged in school health work, and every possible advantage is being offered this summer.

A general conference on the Health Program of the School and Community is held each morning in the auditorium at 8 o'clock. This course affords the best speakers that can be obtained, each placing emphasis on his special line. The very best and latest ideas and experiments in school health work are brought before these young women. The speakers who are

contributing to this work are: Dr. Thomas D. Wood, Professor of Physical Education, Columbia University; Dr. C. E. A. Winslow, Professor of Public Health, Yale University; Dr. E. A. Peterson, Director, Department of Health Service, American Red Cross, Washington, D. C.; Dr. William H. Burnham, Professor of Pedagogy, Clark University; Miss Mary S. Gardner, Superintendent, Providence District Nursing Association; Dr. William R. P. Emerson, National Society of Nutrition Clinics for Delicate Children, Boston, and Dr. J. Mace Andress, Department of Psychology and Child Study, Boston Normal School.

The course in School Nursing, conducted by Anna L. Stanley, has increased in enrollment to such an extent that it has become necessary to divide it into three sections. This class numbers ninety-four in all. Eight of its members are nurses who have attended the



GRAPH REPRESENTING THE ENROLLMENT OF THE SCHOOL NURSING CLASS FROM 1916 TO 1920.

course previously and who have returned to take additional work. There are represented in this group nurses from twenty-four States and three Provinces in Canada. The lectures and discussions are directly related to school health problems and actual demonstrations are given of the work as it is conducted in the class room. There are also additional opportunities provided for training and experience in the homes, through actual home visits.

The course in Personal Hygiene, under the direction of Mrs. Harriet E. Ballard, has proven a most attractive and helpful one to the nurses. Special emphasis is placed on executing health habits, and ac-

tual class room demonstrations are given.

Nurses who are especially interested in the election and preparation of food for children are enjoying the lecture-conference-demonstration course given by Miss Carolotta Greer.

The class in Principles and Practice of Teaching, as applied to the work of the Red Cross Nurse Instructor, which is being conducted by Helen R. Landfear and Laura A. Buchanan, is proving a most beneficial one. Some of the Public Health Nurses are giving their entire time and many are giving at least part time to this work and they find these instruc-

tions and demonstrations very valuable.

A course in Practical Sociology, conducted by Professor James Elbert Cutler, gives the nurse an opportunity to go a step beyond the methods and demonstrations, and to take into consideration the reasons and the conditions calling for such work. The students express a great appreciation for this opportunity.

The Institute of School Hygiene has an enrollment of approximately two hundred nurses who are

interested in the various lines of work mentioned. This Institute is the outgrowth of the School Nursing Course begun in 1916.

It is very encouraging to have such a large enrollment in the School Nursing Class when it is realized that thousands of young Americans in the public schools will reap the benefits of the persistent efforts of this splendid group of nurses who are pursuing their studies in the School of Hygiene.

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#### Notice to Nurses.

The National Organization for Public Health Nursing is very frequently asked for pictures illustrating incidents in the lives of Public Health Nurses. They are needed for making slides, illustrating pamphlets, and for other propaganda work throughout the country. The Organization will very much appreciate receiving from nurses in the field, copies of such pictures, illustrative of any phase of public health nursing work, that they may be able to contribute. All material submitted should bear the name of the sender so that due credit may be given, and should be forwarded to the Publicity Department of the National Organization for Public Health Nursing, 156 Fifth Avenue, New York City.



## Suggestions to Parents

BY ANNA L. STANLEY

THE following outline gives some helpful suggestions which may be given to parents at the opening of school and at other periods of the school year. Frequent modifications will be of help in keeping the interest of the parents.

### *To the Fathers and Mothers of ..... School.*

School days bring responsibilities for the parents as well as for the children and their teachers.

On mothers particularly falls the responsibility of helping to protect the little ones from the ravages of preventable diseases.

By taking simple precautions, by watching carefully for first symptoms, the mother can do a great deal to hold in check the so-called children's diseases, which menace most when large groups of children are brought together in class rooms.

### *What Do We Mean By "Taking Simple Precautions"?*

#### *\*This:*

1. Children should eat a good substantial breakfast in the morning before going to school.
2. They should be given sufficient time in which to eat so that they do not bolt their food.

3. They should wear clothing that is adapted to the season. Rubbers and raincoats are as much a necessity for wet weather as a heavy coat is necessary for cold weather.

4. Children should have ample time in which to reach school in order that they may not arrive breathless and exhausted.

### *What Do We Mean By "First Symptoms"?*

#### *\*This:*

1. Children who show one or more of the following symptoms should be kept at home and the school notified: Rash, fever, sore throat, vomiting, coughing and sneezing, red and watery eyes.

### *What to Do*

#### *\*This:*

1. Call a doctor for any kind of a sore throat. Don't wait.
2. Keep all children away from any child with any kind of a sore throat or rash or cough.
3. Allow no visitors in the house if your child complains of feeling sick.

*Special Note: Diphtheria, scarlet fever, measles, whooping cough and the other contagious diseases are most frequently given to others during the first day or two of the disease.*

*From Principal, Teachers and  
Nurse, ..... School.*

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*\*Quoted.*

## \*What the Rural Nurse Should Know About the Country

BY E. L. MORGAN

*Director of the Rural Service, American Red Cross*

**D**URING the past decade the public health movement has come to appreciate the fact that while some very good things have been done in cities the larger part of the health field is not only untouched but for the most part unknown as to the principles and methods that should form the basis of successful work in it. This interest in the health of the small town and open country arises from the human necessity of occupying the entire field at the earliest possible time, for if any large portion of it is left uncared for a condition is created which vitiates the whole.

It is generally recognized that most towns of 8,000 and under must be classed as rural, because they are dependent on agriculture and things rural for their whole basis of living. There are some small industrial towns in the country which do not come under this classification, but they are the exception, for they are relatively few in number. In this series of articles it should be kept in mind that wherever the term small town or rural community is used it refers to towns up to 8,000 in population.

There are approximately 125,000 towns in the United States having a population of above 100. Of these, according to the 1910 census, 984 are above 8,000 and are here classed as cities. This leaves the enormous number of 124,016 in the small rural town class. These towns and the open country comprise about 65 per cent of our total population. This comparison gives a clear idea of that portion of the public health field in which only a bare beginning has been made in modern health work. There are several reasons for this:

1. The cities have presented some bad health conditions, but they have been ready to make the necessary adjustments to meet their needs in a fairly substantial way. The population is compact and therefore can be readily appealed to. Most public health leadership exists in cities, in which attention has naturally been given first.

2. Contrary to the facts, the small town and open country have been thought to be much more healthful than the city. Their condition has not been given publicity and has not aroused us to their desperate need as has that of the city. Then, it is rather difficult to launch a health movement

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\*The first of a series of articles on this subject.

and adequately finance it in the country for several towns usually have to be combined to get a working unit of sufficient size to insure permanency. Among these towns there is usually much petty jealousy which makes such a combination exceedingly difficult. On the farms the population is scattered and without vital "better health" appreciation. They do not see health as a purchasable thing nor that a modern health arrangement with a Public Health Nurse or a health center is a worth while undertaking. They do not readily see that it is worth the cash put into it. All of this makes a direct appeal on the basis of unity of interest not impossible, but rather difficult.

When the long years of patient, sympathetic educational work that the city has had, have been put into the small community, it will be found ready to meet the matter squarely, for country people are amply able and usually willing to finance any movement which they are convinced will yield a definite, tangible, long term good.

Any intelligent approach to the rural field is impossible without a clear understanding of the general nature of that field, the basis on which its institutions rest, and from which the fundamental appreciations of its people rise.

Small town and rural life rests squarely on a peculiar and highly complete industry — agriculture. This industry is not only exacting in the extreme, but extra hazard-

ous both to life and health and also to the assurance of a fair economic return, because of the uncertain elements of nature and of the fluctuations of the market price of the products sold.

The rural home is the only type of home that is an integral part of an industry. There are certain farm operations into which the home must fit and make its contribution. This means that the farm home must be of a peculiar and special type. It is obvious, therefore, that it is impossible to measure a rural home and a city home by the same standard, for they are called upon to perform radically different functions.

The communities within a health district, which is often a county, are usually of great variety as to size, population elements, general prosperity and local, open minded leadership. All this produces a great variety of conditions which it is difficult to harmonize into a definite, composite program of work to which all localities will be loyal.

The rural field needs the nurse who can see the small town and farm home in its true light and deal with it on its own pure bred basis.

What is it that needs to be done? If this is asked of a number of people it will be found that one will say that the thing necessary to the development of country life is better educational facilities, another health, another recreation and better morals, while still another will

say that the only thing necessary is to make the farmer more prosperous and to develop gradually the business basis of the community. Each of these people will glibly tell you that his own particular interest is the panacea and if properly developed will redirect the whole of the fabric of rural life.

It would only be a repetition of the same fallacy for us to contend here that the need lies in something of still another particular brand. Our experience in rural progress work over a period of years, however, leads us to have certain convictions concerning the matter.

A small community is a social unit, an organism that functions because of its constituent parts, just as the human body does. No one would contend that all the needs of the body could be provided for through an abundant supply of fresh air. It is equally as unsound to think of meeting the needs of an organism as complex as a community by developing only one of its major interests. To have a normal development there must be forethought and planning applied to all of those things by which the people live—industry, education, health, recreation, morality, transportation, civic affairs, and others.

People are so constituted that their interests vary and there will be found in every community a few who are especially interested in some one of these items and care very little for others. When one

interest alone is developed it means that the people who are concerned chiefly with other things are not enlisted and become a dead weight on the project being promoted.

It is a rather simple matter to get a small community to consider its composite needs, definitely determine its plans and proceed to the development of all interests. This has come to be called community organization, since it strikes directly at the development of each item of interest at its best and ties them all to the whole in an organized rather than a disorganized relation. The need, then, is for a broad consideration of the needs of the community which results in definite plans for long term development.

The work of the Public Health Nurse should fit in as a part of this larger development and should bear distinct relation to educational, recreational and civic progress.

There may be isolated cases where there is not sufficient community spirit to develop more than one line of work at a given time. Frequently nursing work will be the easiest thing to start. In such a case the nurse should appreciate the fact that her function as a community servant should be twofold:

- 1 To do her technical work well.
- 2 To lead the community to see that it has problems other than those of health and to do her utmost to connect the community with the State or voluntary organizations, boards

and institutions which can give it specialized help.

At work in the small towns are a number of agencies whose programs are rather specialized, but bear somewhat on the whole health question. Some of these are:

- Town and county governments.
- The Grange.
- The school.
- Women's clubs.
- The American Red Cross.
- Fraternal organizations.
- The Farm Bureau.
- Medical and Dental Societies.
- Boy Scouts and Camp Fire Girls.
- County Teachers' Association.
- Town or County Chambers of Commerce.
- County Y. M. C. A.
- Y. W. C. A.

The nurse should be conversant with the program of work of each of these, because they have a relation to her work and because they are the very best avenues through which she can reach special groups of people in her effort to spread interest in better health.

There are a number of individuals, some of them in these organizations, with whom the nurse should establish direct relation, namely:

- County Superintendent of Schools.
- County Farm Agent.
- County Home Demonstration Agent.
- Boys' and Girls' Club Leader (who may or may not be a different person from 2 and 3).
- Y. M. C. A. and Y. W. C. A. secretaries.
- Recreational leaders.
- School attendance officer.
- Executives of local organizations.
- Probation officer.
- Members of city council or the county board of commissioners or supervisors.

The small town and open country present a most attractive field for a Public Health Nurse. The unit is small enough so that it is possible to know the people intimately and deal with them with a full knowledge of many factors which in a city are closed books. If she approaches her work with a genuine sympathy and love for the country this will immediately be appreciated by the people and will be returned by a genuine, open hearted hospitality and friendliness that will make the difficulties of the task seem light. Here the conditions are favorable for a fulfilling of Drummond's measurements of happiness in work:

"Regret at leaving it at night—  
Joy in meeting it in the morning."

## Making the Dentist Popular

BY LOUISE JOHNSON AND RAE HERMAN  
*School Nurses, Visiting Nurse Association, York, Pa.*

ON January 15th, 1920, a Dental Dispensary was opened for the 7,000 children of York's Public Schools. The agencies making this possible are:—

The Board of Education, giving a room in a centrally located school building, paying for the material used in the children's teeth and the dentist's salary.

The York County Chapter of the American Red Cross, at a cost of \$1,800, giving a splendid equipment including an X-Ray machine.

The Visiting Nurse Association furnishing the services of its two school nurses for the social investigation necessary and assisting the dentist alternate weeks.

The Dental Association of York, supervising the work.

Each pupil who, at the time of his medical inspection was recorded as having defective teeth, receives a card to take home. If the family has a dentist and is able to pay for the work done, the card merely acts as a gentle reminder that a trip to said dentist is due. If unable to employ a dentist the card serves its real purpose. It reads:—

To the Parents of.....

Your child needs dental attention for his or her future welfare and proper progress in school work. You should consult your family dentist as to proper treatment, or, if unable to pay, sign the

other side of this card and return to the child's teacher.

### DENTAL COMMITTEE.

(And on the reverse side)—

Dental Committee:—

You are hereby authorized to do any dental work for my child that you may deem necessary, said work to be without any cost to me.

Sign .....

The number of signed cards returned has been most gratifying, and the whole-hearted, eager response of the children has been even more so. To date, more than 200 pupils have received treatment. The Dispensary is open each morning from 8 to 12, including Saturday morning.

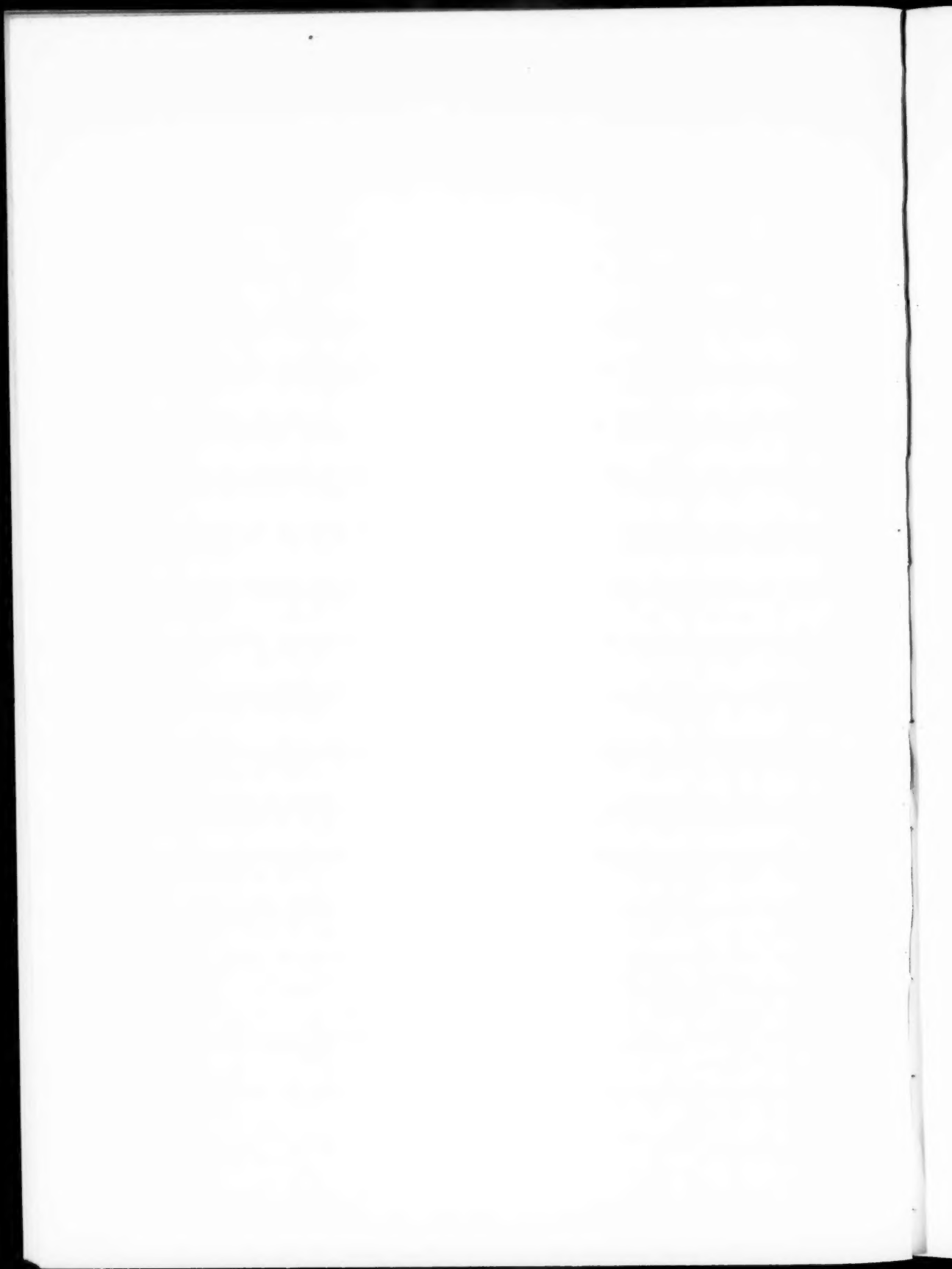
After the dental hygiene talks given by the school nurses and the response by the children with their clever posters, a trip to the school dentist is the most logical thing that could happen. They bring their cards and go in turn, just as gayly as they go from building to building for manual training, sewing, etc.

Oh the joy of the prophylactic treatment! Each little patient receives one as a sort of "send off" and when they behold their shining ivories, and the disappearance of the erst-while "Green Moss," all thoughts of the deftly extracted "baby tooth" or the "touched nerve" flee; and the polished one skips away to show teacher or





THE TOOTH BRUSH BRIGADE.  
(From poster by Carl R. May, aged 13.)



mother—promising dentist and nurse that now “he really will keep his teeth just like that.”

The accompanying poster is one of the group on the care of the

teeth, turned in by an eighth grade student, Carl R. May—aged 13 years. We thought anything so clever should really receive recognition.

## College Women as Public Health Nurses

BY EMELIE M. PERKINS, R. N.

*Public Health Nurse, Poughkeepsie, N. Y.*

WHY is public health nursing still looked upon askance as a profession for college women? It is work with the hands as well as the head, but so is farming. It is hard work, but the satisfaction repays the effort. The pay is not high, but neither is it for teaching, a highly respected occupation, “the proper profession for the female,” as I was once told. The hours are long, but the work is full of variety, and whatever else it may be, it is not tedious. The nurse must face grim, unpleasant facts, but so must the social worker of any nature. I do not think these are the reasons which influence the young Bachelor of Arts, eagerly surveying the wealth of interests open to her. It is not even an indifference to health, her own or her neighbor's. I think a misconception of the requirements for a competent Public Health Nurse is at the bottom of it.

The young graduate wishes to start in a work which offers plenty of room for initiative and advancement. Unfortunately, nursing standards vary greatly, and the

term “nurse” too often suggests a woman whose general education has been limited to grammar school, or at the most, high school, and whose slavish obedience to the orders of those in authority is tempered by no effort of the mind. The scores of intelligent and highly educated women who have received a carefully arranged practical and theoretical training in our best hospitals, are greeted incredulously at first, and then dismissed as exceptions. If women of less education and intelligence can make satisfactory nurses, why waste the college-bred women?

The young graduate is impatient, too. After four years of theoretical work she is loath to spend three years more in training for a profession. She is discouraged by her family if she does manifest any interest in a hospital course. The training is described as drudgery, accentuated by long hours and extreme fatigue. The manual nature of the service is emphasized, and the subordination of the individual. It is a fact that the transition from college student

living in a delightful world whose sole aim is to develop her, mentally and physically, to hospital probationer, the humblest worker in a world where she exists principally to serve, is difficult. But it is not impossible, and it is not insalutary.

I have talked with many college girls on this subject. A large proportion are interested in social service of one kind or another, but vaguely. These girls expect to take a short course at a school of philanthropy, or perhaps, take a minor position in some large organization. A few consider the study of medicine, but very few manifest interest in a nurse's training.

I would like to emphasize some phases of nursing which the college students do not consider. Are the opportunities for social service as great for the woman physician as for the nurse? The physician may become a medical missionary, abroad or in our own congested districts; she may take a position as physician in some large manufacturing plant; or she may take an executive position under the Government; or as health officer. But her opportunities are not as great as are those of the nurse. Her contact with those whom she serves is much more limited. Often the nurse can ascertain the cause for disease through knowledge of the living and economic conditions, when the doctor is baffled. Her influence in getting the condition remedied is greater than the doctor's, because she is friend, and

often assistant to the busy mother, as well as adviser.

It requires no small amount of ability to be a successful Public Health Nurse in lonely districts, as in the mountain regions of the South, or in the prairies. The life of the patient often depends upon the judgment and skill of the nurse. To be sure, she lacks the theoretical training of the physician, but, on the whole, her value is not less to the community. Her experience in the actual nursing care is as valuable in its way as the doctor's superior wisdom. There is great satisfaction, in being able, through the possession of deft and trained hands, to bring comfort and order out of pain and chaos. The Public Health Nurse is also proving herself invaluable as a teacher of health habits. In our populous Eastern cities and in our country districts, the nurse is implanting in the minds of thousands of school children habits of health which may prevent years of sickness. And not "anyone" can do this successfully. The qualifications which Florence Nightingale specified as requisite hold good to an added degree today.

"The nurse must have method, self-sacrifice, watchful activity, devotion to duty (that is, the service of the good), the courage, the coolness of the soldier, the tenderness of the mother, the absence of the prig (that is, thinking that she has attained perfection or that there is nothing better). She must have a threefold interest in her

work—an intellectual interest in the case, a (much higher) hearty interest in the patient, a technical (practical) interest in the patient's care and cure."

Surely, no college bred women need feel that she has not heeded "Noblesse oblige" if she can measure up to that!

## Terms Used to Describe Child Health Activities

The nomenclature of the various child welfare activities has been as confusing to the Librarian of the National Organization for Public Health Nursing as to the enquiring nurses who write to the Library for enlightenment. An endeavor has been made to find out how to distinguish these activities and the actual difference between the somewhat loosely applied terms.

The result of these enquiries seems to be that State divisions dealing with the health of children under State Boards of Health are usually termed Child Hygiene or Child Welfare Divisions. Child Welfare is obviously a broader term than Child Hygiene, and should include besides health, social, economic and civic problems. One State Board of Health has recently changed the name of its division from Child Hygiene to a Child Health Division, "Hygiene" according to their opinion usually implying something less than "Health." "A Children's Health Center" seems to convey a station or center where well children are taken for examination and advice, while a "Clinic" implies a station

or center for sick children. "Milk Depot" is another term sometimes used in place of a children's health center. "Observation Center," "Consultation Center," "Baby Welfare Station" are also used.

The Children's Bureau in its leaflet, "Children's Health Centers," states:

"The purpose of a children's health center is to keep well children well—to make available to all the mothers of a community knowledge of the way to prevent needless sickness. The essentials of a successful health center are a good doctor and a good Public Health Nurse who understands children, a mother and a child, and a room in which to meet." \* \* \* \* Children who are ill are not cared for at these centers.

The Bureau of Child Hygiene of the Texas State Board of Health has recently published a pamphlet "Child Health Centers," by Mrs. Ethel Parsons, which also gives directions for the establishment of such a center.

In connection with this whole question of child welfare activities, the Statistical Bulletin of the Metropolitan Life Insurance Company for May, 1920, says:

"There is evident a growing appreciation of the value of health work for

school children. In Great Britain, the plan has been developed much further than in the United States. In that country, it is now proposed to have continuous health supervision of the child, beginning with the prenatal clinic. A continuous record is to be kept from the moment of birth through the period of

pre-school life, of grade schools, secondary schools, and, in fact, throughout all the years of childhood and adolescence. In the United States, the Children's Bureau is fostering the same plan. Rhode Island seems to be the first State which has definitely committed itself to such work."

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#### Mississippi Valley Conference.

The Eighth Annual Mississippi Valley Conference on Tuberculosis will meet in Duluth, Minn., on September 2nd, 3rd and 4th, 1920. A full program has been prepared in which all Public Health Nurses are interested. The Nurses' Association of Minnesota, District No. 2, are planning to entertain the nurses that they may have a pleasant and interesting time while attending this conference, and it is hoped that all who possibly can will attend.



## Organization Activities

Despite the fact that the summer months are usually expected to bring a slight lull in the pressure of work, in that many nurses are on vacation and that new activities are postponed until fall, the work of the different departments in the New York office continues to be exceedingly brisk.

It is always a pleasure to note the number of nurses who, in passing through New York, make it their business to call to get first hand knowledge of the work of their Organization. These calls are of mutual benefit for they enable the secretaries to learn the conditions in the various fields, and to meet the workers with whom they have been in correspondence, and they also enable those who call to interpret to their communities the resources and purposes of the Organization. The objects of these calls present a wide variety of interests. Some of the nurses desire publicity material; others need pamphlets or reading lists or suggestions from the library department, while others wish to learn from the occupational department what opportunities are offered by certain locations or branches of nursing. Those who are not already members become enrolled or bring in their friends for enrollment; some wish to discuss educational needs and opportuni-

ties; others bring in perplexing problems or their plans for expansion for consultation and discussion. Many nurses just finishing their public health courses come in to discuss future plans. Many of our visitors come in just to get acquainted and to give the secretaries the opportunity of knowing them. Interviewing our visitors who come from all over the country and who represent every phase of public health nursing activity, is a pleasurable and welcome task to all of the secretaries.

Two accomplishments of outstanding importance take precedence over all other activities of the Executive Office during the month of June. The first was the completion of arrangements for the establishment of headquarters of the three national nurses' associations. These were consummated at a session of a specially appointed joint committee, which was named by the Directorates of the three associations during the convention in Atlanta. It was impossible to secure the services of women in every way qualified to work out the details of policy and program for the Joint Headquarters before the autumn, but a small advisory committee was named to assist the executives of the Red Cross Bureau of Advice and Information and the National

Organization for Public Health Nursing during the intervening months. The work of the Bureau as it is now functioning will be transferred to the new headquarters under the direction of Miss Albaugh and Miss Hitchcock. The Red Cross presented, through Miss Noyes, a proposition to launch immediately a nation-wide campaign to recruit student nurses for the training schools. This campaign was to be done under the auspices and at the expense of the Red Cross, but in the name of the three national nurses' associations and the Red Cross. A special committee of the temporary joint committee was appointed to work with Miss Noyes, and Miss Albaugh was detailed to carry out the plans under the direction of this committee. The headquarters will be established at 156 Fifth Avenue, which, as our members all know, has been the headquarters of the National Organization for Public Health Nursing for the past three years.

The second matter of special importance has been the consummation of the National Council for the Coordination of Child Health Activities.\* Professor C. E. A. Winslow and the Executive Secretary represent the N. O. P. H. N. on this council.

The Organization has been called upon by the Civil Service

Commission in the State of New York to assist in the examination of candidates for the office of Director of the Division of Public Health Nursing in the State Department of Health.

The month of June was spent by the Financial Secretary in Ohio, organizing a State Ways and Means Committee of the National Organization for Public Health Nursing. Mrs. C. C. Bolton, Jr., has accepted the chairmanship for the State; and all the large towns in Ohio will have representatives on her committee. Miss Lent has been visiting these towns, speaking before groups of nurses and interested lay people. She has found everywhere that associations and individuals never miss an opportunity of discussing their problems with a secretary of the National Organization for Public Health Nursing, and that there is a keen realization of the need for the kind of expert service and advice which the Organization is prepared to give.

It is hoped that a similar committee may be formed in each State.

Miss Lent, who has been a member of the Editorial Board of THE PUBLIC HEALTH NURSE for the last four years, has been appointed as the *liaison officer* between the Publications Committee in Cleveland and the head office of the Organization in New York; she is thus able in a special way to represent the magazine in her extensive travels in the field.

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\*A statement of the purpose of this Council was published in our June issue.

The Assistant Secretary, Miss Geister, attended the second conference called by the United States Public Health Service to discuss and develop a program for promoting educational work on questions pertaining to Venereal Disease.

The publicity department reports a steady demand for publicity material, especially for the film "An Equal Chance." While there has been a brisk demand for the rental of this film a number of departments of health and other health agencies have purchased copies outright.

It is gratifying to continue to report that the staff of the membership and eligibility department is taxed to its utmost in its efforts to meet the demands put upon it in the work incident to the enrollment and re-registration of members. There has been an increase in the number of National Organization for Public Health Nursing pins issued to members. This is probably due to the fact that attention has been called to the pins in the acknowledgement of the receipt of the application blanks. Frequently we meet nurses who do not know that the Organization has an official pin which may be purchased and worn by individual active members. This pin is made both in solid and rolled gold and is the replica of the National Organization for Public Health Nursing seal, a copy of which appears on the cover of our magazine.

Recent newspaper and magazine publicity relating to the opportunities in the nursing field, together with the increasing interest in nursing matters, have brought to this department many inquiries from young women who wish to take nurse's training or from graduate nurses who desire to enter the public health nursing field. This department has always had many inquiries of this sort but the steady increase in them in the last few months challenges our earnest efforts toward providing increased opportunities for public health nursing training.

The report of the library department in which Miss Bradley discusses the convention of the American Library Association in Colorado Springs, which she attended in June, is of such special interest to Public Health Nurses that it will be included in its entirety in this report.

Miss Haliburton, Occupational Secretary, represented the Organization at the Tuberculosis Institute, National Tuberculosis Association, in New York City, at the State Health Officers' Institute at Mount Alto, Pa., and at the Florence Nightingale Centennial, Johnston, N. Y. At each one of these meetings she made addresses on public health nursing. Miss Geister, assistant to Miss Crandall, addressed the Child Hygiene Institute at Hartford, Connecticut, and at the request of the President of Berea College, Berea, Ky., made a survey in Berea of public

health nursing possibilities. Miss Geister was loaned to the Cleveland Hospital and Health Council for four days to assist in the completion of the survey on public health nursing in that city.

As usual, there has been a constant demand for representation from this Organization at committee meetings or conferences concerned with health or welfare activities. Attendance at these conferences is very important in that it keeps the Organization in active touch with movements related to health and welfare, at the same time enabling us to interpret to the various organizations our resources and purposes.

The Central Branch Office has been moved from 904 Lake View Building, to 1500 in the same building, sharing offices with the Chicago Nurses' Club, the Directory and the Central Council for Nursing Education.

Miss Fuller spent the entire month of June in the city of Chicago. Three talks on School Nursing were given at the Chicago School of Civics and one on the National Organization for Public Health Nursing at the annual meeting of the Chicago Industrial Nurses' Club.

#### LIBRARY DEPARTMENT

The librarian attended the meeting of the American Library Association June 2-7 in Colorado Springs, Colorado. It was a happy coincidence that this meeting followed so closely upon the Nursing Convention in Atlanta at which

the librarian was also present. The main value of the Atlanta meeting had been in that the librarian was able to talk personally with nurses from the field and realize for the first time the extent of their need for public health nursing literature, also how nearly our library service, organized as it is under its four divisions of work—Package Library, Reference Collection, Advisory Service and State Library Centers—was meeting their requirements.

These impressions were carried to the A. L. A. meeting for the purpose of applying to the general library situation and with the result that the following conclusions presented themselves, and are now suggested to Public Health Nurses as a basis for further coördination of our work with that of all public libraries.

Libraries need further interpretation of the Public Health Nurse and her work. They are conscious of the need of such a community worker but they do not yet recognize her under the name of "Public Health Nurse." This can be accomplished only by a concerted effort on the part of all Public Health Nurses to meet librarians and to enlist their interest and support in the various community problems that confront them. The librarian may almost be said to stand forth as a composite of all community workers. She is necessarily interested in and sympathetic to every community development and its effect upon the

reading of her public. Especially is this true of the public health movement.

Librarians are willing to spend a certain percentage of their annual appropriations for books on community health, if Public Health Nurses will suggest titles best suited to supplement their work.

For rural nurses the following extract is especially interesting: "The county library plan, which is in successful operation in several States, is intended primarily for the benefit of dwellers in rural communities, and upon this movement the A. L. A. will focus a large share of its efforts." "Books for Everybody" is the A. L. A. slogan and it emphasizes the need of better library facilities for the rural dweller. Here is the definite opportunity for a very nice give and take between county nurse and county librarian. Library extension-work varies in each State, but is usually carried on by means of book trucks, State traveling libraries, or county work under a State Library Commission. The librarian of the National Organization for Public Health Nursing will be very glad to have nurses confer with her if they are interested in establishing some form of relationship with rural librarians.

Since attending the Nursing and the Library Conventions, the librarian is convinced that the N. O. P. H. N. Library should continue to collect all new pamphlet material for the files of its Package

Lending Service and the best of recent book publications for its Reference Collection, but that a maximum of effort must be put upon building up the State Library Center service, making public health literature available to nurses within their own States.

Letters from nurses in Canada continue to reflect a growing interest in our library and the general reading facilities of American Public Health Nurses. Judging from questions asked their great need is for school nursing literature. Mrs. Hanington, of the Victorian Order of Nurses, visited the library and asked for selected book lists, pamphlet literature, and available reprints. So far as possible the library is glad to offer its advisory service to Canadian nurses.

Because of the urgent need of summer institutes for suggestions of good public health pamphlets, Miss Carr completed the first rough drafting of the Bibliographies that the library has been attempting for some weeks to compile.

An "Outline of Talks to Girls," by Miss Stella Fuller, was printed by the Library Department and is being sold at \$ .10 per copy. This is the first time that such an experiment has been tried, and was done at the advice of Miss Olmsted, Miss Holmes and Miss Douglas. If successful, the library will feel that occasionally it can undertake the printing of other booklets, together with the stimulating of

such writing on the part of Public Health Nurses. Unfilled demands for pamphlet material is the constant problem of the Library Department.

# MEMBERS ADMITTED DURING JUNE

## Arkansas

Hilpert, Ida M.  
MacKay, Marie

## California

Burton, Alice  
Carlotta Woman's Club  
Mill, Gertrude E.  
Reed, Lila  
Theile, Ida M.

## Canada

Boulton, Ethel  
Jacobson, Agnes  
de Launay, Josephine  
Chisholm, Agnes  
Lightbound, Gertrude

## Colorado

Ahlene, Frances  
Pine, Mrs. Edna May

## Connecticut

Bancroft, Marion  
Pickup, Eva M.  
Wright, Mary L.

## Delaware

Robelen, Caroline

## Florida

Todd, Luis G.

## Georgia

Newell, Anna L.  
Bolster, Agnes  
O'Malley, Grace G.

## Illinois

Druet, Mildred  
Fairchild, Esther  
Shoaff, Lavone  
Van DeMark, May  
Wagner, Constance M.

## Indiana

Liddell, Mabel  
Peterson, Annabelle  
Thomas, Fanny A.

## Iowa

Henderson, Mrs. Alice  
Maakestad, Carrie E.  
Meinzer, Esther Charlotte  
Morse, Elba L.

## Kansas

Byers, M. Jeannette  
MacDonald, Gail G.  
Westrom, Bertha Louise

## Kentucky

Hooe, Katherine

## Maine

Shean, Mary E.

## Maryland

Grady, Nellie E.  
Maddox, Margaret E.

## Massachusetts

Cunningham, Agnes B.  
Emory, Madge A.  
Judd, Helen Katherine  
Lade, Helen Ross  
MacCormack, Mary C. V.  
McCaig, Sara D.  
Reilly, Margaret Gilson  
Reubens, Mrs. Anna S.  
Ricketts, Myrtle

## Michigan

Brugger, Elfrieda  
Crowley, Ellen M.  
Floyd, Iona Ethel  
Frisbie, Una B.  
McKenzie, Lisabel  
Rittenhouse, Valeria

## Minnesota

Bjeldanes, Ragnihild B.  
Peter, Minnie M.  
Walz, Caroline

## Mississippi

Sheil, Mary F.

## Missouri

Buterbaugh, Rouan  
Grannemann, Myrtle  
Heinzelman, Nellie H.  
Nash, Myrtle J.  
Wachtel, Lena Marie  
Williams, Mary

## Nebraska

Beachly, Belle  
Sheridan, Emma  
Hollar, Lula  
Townsend, Charlotte



*New York*

Bennett, Mrs. Alma L.  
Crane, Mrs. Jos. B.  
Dickerson, Mrs. Mary F.  
Gray, Emma  
Hill, Margaret  
Knapp, Ruth L.  
Meyer, Frances Helen  
Sanford, Mrs. Fanny R.  
Sheffield, Jane  
White, Frances E.  
White, Miss H. H.  
Williamson, Mrs. F. E.  
Wood, Ruby E.

*North Carolina*

Whiteside, Lula L.

*Ohio*

Allen, Mrs. Lydia Freund  
Baker, Tessora Bella  
Ball, Wilma A.  
Ellison, Katherine  
Williams, Mrs. Elizabeth  
Laverick, Elizabeth A.

*Oregon*

Harrison, Miss J.

*Pennsylvania*

Buck, Mattie F.  
Cline, Mary E.  
Ireland, Mrs. R. Livingston, Jr.  
Schlessing, Mary Alice  
Scholleart, Eleanor  
Willets, Mrs. Mary K.

*Rhode Island*

Carberry, Margaret A.

*South Carolina*

Woodson, Elizabeth A.

*South Dakota*

Carr, Audie M.

*Texas*

Houston, Mrs. Laura

*Virginia*

McCluer, Mrs. Sally Edwards  
Millner, Angele R.

*Wisconsin*

Angell, Rose Z.  
Eichenberger, Anne E.  
Witwen, Miss Edna Pearl

*France*

Breckinridge, Mrs. Mary

## Book Reviews and Digests

### LIBRARY DEPARTMENT

#### REVIEWS

TRAVELING PUBLICITY CAMPAIGNS, EDUCATIONAL TOURS OF RAILROAD TRAINS AND MOTOR VEHICLES. *Mary S. Routzahn*, Russell Sage Foundation, 130 East 22nd Street, New York. Here for the first time has been gathered authoritative information on the latest and most spectacular method of presenting "helps to better crops, better houses, better health." These new peddlers of old wares, as we will see, if we read, are satisfied with nothing but the best and latest developments of science as applied to travel, and science and art combined in their devices for attracting customers.

The successes, failures, and difficulties of seventy-five tours of the various trains, trucks, motor vehicles and other modes of travel are here analyzed and recorded. The Cleveland Children's Year Special, The Child Welfare Special of the Children's Bureau, Canning Kitchens, Dairy Kitchens, and others are described, and much excellent advice on how to get the message of the tour across.

An appendix gives reference lists of the traveling campaigns about which accurate information has been gained, and there is also a bibliography. Most of the available printed material is in the

form of articles in magazines.—  
A. M. C.

EVERYDAY MOUTH HYGIENE. *Joseph Head, Md., D. D. S.* W. B. Saunders Company, \$1.00. This small book considers mouth hygiene from a different angle to that of Ferguson's "Child Book of the Teeth," reviewed in a recent number. The preface hopes that this book will be an inspiration to mothers and nurses who will pass on to future generations the correct principles of mouth cleansing, and eliminate mouth infection in some happy future.

Infection of the teeth and gums is considered and described with the affect upon the body. The advantage of dental floss in removing deposits is elaborately pointed out and the proper use of the silk explained and illustrated. A careful and practical exposition of how to use a tooth brush, what to use as dentifrices—and what not to use—also illustrated, follows. A short chapter on Irregularity in Children's Teeth, and points to be especially observed during dentition completes a valuable and practical little book. A picture of a stalwart youth with healthy teeth and gums, biting on a Gnadthodynamometer—a word we have never met before—and exert-

ing a force equal to three hundred and forty pounds should appeal to the young desirous of athletic prowess.—A. M. C.

OUTLINE OF LECTURES ON TUBERCULOSIS, FOR NURSES, OCCUPATIONAL AIDES AND SOCIAL WORKERS, WITH BIBLIOGRAPHY PREPARED BY *H. A. Pattison, M. D.*, and *Mary E. Marshall, R. N.* We are glad to be able to announce that the above outline is now ready for distribution and can be obtained from the National Tuberculosis Association, 381 Fourth Avenue, New York City. The title does not in the least convey the amount of work put into these most carefully prepared outlines and their value to training schools for nurses, courses in occupational therapy, and institutes. We would suggest that Public Health Nurses make them known to superintendents of training schools as far as possible. The outline is offered only as a guide, so that the lecturer may express his own individuality in the presentation of each lecture, and is also readily adaptable to varying circumstances and groups.

HEALTH EDUCATION IN RURAL SCHOOLS. *J. Mace Andress.* One of the strongest impressions left with those nurses so fortunate as to attend the Nurses' Conventions at Atlanta this spring is that rural public health nursing is having an unprecedented growth and development at this time and that the next few years are to see great progress in this particular phase of nursing.

For this reason it seems an opportune time to call to the attention of the readers of *THE PUBLIC HEALTH NURSE*, *J. Mace Andress' "Health Education in Rural Schools."* Geographical location does not seem to have an appreciable effect on the general characteristics of the average rural school. Dr. Andress quite evidently bases what he writes in this book on knowledge of rural schools east of the Mississippi, but most of what he says will apply equally well to other parts of the country.

Rural Public Health Nurses making their regular rounds over their counties, from school house to school house, and finding the deplorable majority of improperly planned and inadequately equipped school buildings, unenlightened and indifferent teachers, and physically defective pupils, will find in this book, in spite of the fact that it was written primarily for teachers, a great deal of most practical help and some real encouragement in what they are trying to accomplish.

From the first chapter in which Dr. Andress sets forth health as the foundation essential for happy, useful living and therefore quite properly the ultimate aim of the school, the whole subject of health education in the schools is handled in a constructive, practical way which leaves the reader with a most wholesome thought that here are suggestions and plans that are

applicable to her own present problems.

The chapters on health habits, on the teaching of hygiene simultaneously with the formation of these health habits, and on posture and health, are especially worth while for the Public Health Nurse. Almost every rural nurse throughout the entire country is placing emphasis on the Modern Health Crusade but in her contacts with teachers she needs to stimulate them not only to coöperate in this but to corrolate the teaching of hygiene more closely with habit formation and to systematically watch the posture habits of the pupils.

Nurses as they read this book will wonder at the almost total lack of any mention of the Public Health Nurse and the part she has in rural health education. Dr. Andress has very recently made the statement that at the time of writing the book there were very few Public Health Nurses in the rural districts. When he revises the book he plans to incorporate adequate data about the relation of the Public Health Nurse to the rural school. The book as it stands now is first and last for the rural teacher, yet at the same time offers much to the nurse reader. Every rural Public Health Nurse, east, west, north or south, will do well to read it carefully.—Jane C. Allen, R. N.

SOCIAL GAMES AND GROUP DANCES. *J. C. Elsom and Blanche M. Trilling.* (Lippincott, Philadel-

phia.) As a result of years of experience, the assistant and associate professors of physical education at the University of Wisconsin give their suggestions for games and dancing. While considerable emphasis is placed upon the contribution of social games and group dancing to physical education, their social value is even more prominent. Physical improvement as a by-product in the development of the social instinct is an achievement that appeals to us all as a pill, delectably sugar-coated. The community worker, the rural school nurse, the home visitor, the social engineer in the small town or the city, will find the suggestions admirable and easily followed.

The very slightest equipment is required for diversions which may be used for children and for those adults who are usually more awkward and difficult to entertain than children. Leaders who have to overcome the restraint and diffidence of adults in rural communities and foreign sections of the city will discover many suggestions.

If I were going into an isolated community or an overcrowded one where normal social contacts were in abeyance, I should like to be armed with this book, for it promises usefulness in city settlements and for church socials, on the lawn or around the fire. The suggestions would help to unite awkward parties, to abolish the self repression that hinders enjoyment of the

occasion, to limber up muscles, that are tense, in short, to perform the offices of a good "mixer." Given a spirited pianist, and an enthusiastic dance leader, the group dances should prove as amusing and certainly more pleasing to the eye than the more hectic dancing that is in vogue. To help readers who are inspired to go further with the subjects, an excellent bibliography refers them to the best printed aids.—Esther Johnston, New York Public Library.

#### BOOKS AND CURRENT PAMPHLETS FOR SCHOOL NURSES

##### *Books*

- Health Education in Rural Schools  
J. Mace Andress. Houghton, Mifflin.
- Health Master—S. H. Adams.  
Houghton, Mifflin.
- Child's Book of the Teeth—Harrison Ferguson. World Book Co.
- Boys and Girls of Garden City—  
Dawson. Ginn & Co.

##### *Pamphlets*

- Child Health Organization, 156 Fifth Avenue, New York City:—  
Some Further Steps in Teaching Health; Child Health Program for Parent-Teacher's Associations and Women's Clubs; School Lunch Hour.  
Cho-Cho Health Poster.
- National Tuberculosis Association, 381 Fourth Avenue, New York City:—  
Modern Health Crusade—Manual for Teachers and Health Teachers (gives history of movement, plan of organizing and school program).
- National Council of Education, Committee on Health, 525 West 120th

Street, New York City:—

Health Essentials for Rural School Children.

Health Charts—showing miniature reproduction of charts prepared by the Council.

U. S. Department of Interior, Bureau of Education, Washington, D. C.:—  
Educational Hygiene (No. 48), contains information on physical education, malnutrition, oral hygiene, etc.

"Health Education Series."

School Life for June 1st, 1920—special "Health Education Number."

State Associations publishing good inexpensive booklets on health teaching are:

- Iowa State Tuberculosis Assn., 518 Century Bldg., Des Moines, Ia.
- Wisconsin Anti-Tuberculosis Assn., 558 Jefferson St., Milwaukee, Wis.
- Illinois State Tuberculosis Assn., Springfield, Ill.
- Ohio State Board of Health, Columbus, O.

Note: A more detailed list can be had from the Central Library of the National Organization for Public Health Nursing, 156 Fifth Avenue, New York. School nurses are referred to the Public Health Nurse Magazine for November, 1919, which contained a selected list.

The Library Department has prepared for the use of Summer Institutes Book Lists on the following subjects:

- School Nursing and Health Teaching  
Nutrition and School Lunches  
Child Welfare  
Venereal Disease and Sex Education  
Industrial Welfare  
Sanitation and Hygiene (Rural Problems)  
Occupational Therapy  
Tuberculosis  
Dental Hygiene  
Mental Hygiene  
Health Centers

Copies of one or all can be obtained from the Library Department of the National Organization for Public Health Nursing, 156 Fifth Avenue, New York City, at a slight charge.

The *Literary Digest* for May 22nd calls attention to an article in the London Graphic, on Edith Cavell, which brings out the spiritual quality which places her in the long line of saintly as well as of heroic women.

The Oxford University Press has just published in facsimile, with an introduction by the Dean of Westminster, the copy of "The Imitation of Christ," which Edith Cavell was allowed—strange privilege—to keep with her to the morning of her execution. The

original copy was sent, through the American Embassy, to her cousin, Mr. E. D. Cavell, three years after her death. The notes and markings made before and during the days of her captivity are all carefully reproduced, and the strength and constancy of the noble woman who found her comfort in the "Imitation" which, perhaps more than any other book of devotion, fills the deep needs of the soul, stand out in these marked passages: "Give me strength to resist, patience to endure, constancy to persevere." We understand more fully those last words, said just before her execution, "I realize that patriotism is not enough, I must have no hatred or bitterness for anyone."



## Red Cross Public Health Nursing

EDITED BY ELIZABETH G. FOX

### CONFERENCES OF LOCAL COUNTY NURSES

Policies and plans for the conduct of a nursing service may be created and formulated in National or Division Headquarters, but it is upon the work of our community and county nurses that the successful carrying out of these plans depends. Their work is more often than not of a pioneer nature, as they are usually the first Public Health Nurses in their locality.

Owing to the distance of their nursing service from Division Headquarters, and to the urgency of their own work, they get few chances to attend staff conferences and other meetings where they may exchange ideas with other nurses engaged in the same or different forms of public health nursing. Consultations with the Red Cross supervisors and the excellent literature put at their disposal by the National Organization for Public Health Nursing go far towards smoothing out the difficulties which the local nurses are called on to meet, but they do not give quite the same stimulation as personal contact and discussion with those engaged in the work.

The nurses realize their need for this sort of interchange of ideas

and experiences, and in Minnesota are beginning to meet it in their own way by small monthly conferences of nurses from adjacent counties. The letter of Miss Le Brie, Public Health Nurse for the Stevens County Public Health Association, and the report of Miss Muckley, assistant to the Director of the Northern Division, to Miss Andersen, the Director, give a fine account of both the spirit and substance of the first meeting of Public Health Nurses working in and around Stevens County. It is a matter of satisfaction and pride to us also to see with what sympathy and generosity our local chapter committees enter into the plans of the nurses in charge of their nursing services, not only making the conference a pleasant occasion from a social point of view, but also attending the meetings and taking an active interest in the discussions.

It is in the hope that other groups of county nurses may be stimulated to initiate the same sort of neighborly conferences that we are publishing almost entire Miss Le Brie's letter and Miss Muckley's report:

Dear Miss Andersen:

As we planned, the meeting took place Saturday, May 29th. Two of the nurses arrived by train Friday after-

noon, and we were entertained in the evening by one of the local doctors and his wife. Saturday morning the weather did not look very encouraging but was not sufficiently alarming to keep county nurses at home, for at intervals up to noon, the five nurses arrived in their cars, one having driven eighty-nine miles. The lineup of two Ford coupes, a Ford sedan, two open Ford touring cars and the Stevens County car made quite a showing.

When we were all assembled the following nurses and counties were represented:

Miss Dorothy Motl, Chippewa County; Miss Olivia Peterson, Pope County; Miss Inga Imsdahl, Kandiyohi County; Miss Theodore Davis, Grant County; Miss Ragnhild Bjeldanes, Todd County; Miss Mayme Lee, school nurse; Miss Irene Labrie, Stevens County; Miss Ella C. Anderson Swift County, and Miss Muckley, from the Bureau of Public Health Nursing, Northern Division; in all, nine nurses and a representative of the press, Miss McGowan, of the "Benson Monitor," who came with Miss Anderson.

Because of the late arrival of some of the motorists, there was only time to call the meeting to order. At 1 o'clock one of the directors of the Stevens County Red Cross Chapter entertained us at luncheon at the Merchants Hotel. There were sixteen guests in all. Mrs. Hancock, our chairman, by her novel introductions, made everyone feel so well acquainted the time passed all too quickly and it was soon time to return to our meeting.

Upon our return to the Commercial Club, we again took up the matter of summer plans and problems, everything being very informal.

Miss Bjeldanes plans on spending her summer doing tuberculosis and infant welfare work. She is particularly fortunate in being in a county with a tuberculosis sanatorium available and

will be able to take advantage of the tuberculosis clinics which are held every two weeks at the county seat.

Miss Davis of Grant County has infant welfare and tuberculosis work lined up for her summer work. Her county has no child welfare board and she plans to get interest aroused and the proper steps taken to organize one. The other nurses all have child welfare boards in their counties.

Miss Anderson of Swift County is employed only for the school year, so there will be no summer work outside of the general children's clinics to be held throughout the county in June. The fall will again be devoted to school work.

Miss Peterson of Pope County will spend most of the summer instructing classes in hygiene and home care of the sick, clinics not being desired just at present.

Miss Imsdahl of Kandiyohi plans on a tuberculosis and child welfare campaign with possibly more clinics—her county having had a series of infant welfare and dental clinics this spring which met with splendid cooperation.

Miss Motl of Chippewa will not take up any special program, but will continue working on some special problems she is at present occupied with, one being a smallpox epidemic.

Our plan of Stevens County is to follow up the school examinations which will give an opportunity for infant welfare, prenatal and the tuberculosis surveys. There will not be sufficient time to give the regular course in home care of the sick, so a plan is being worked up to give three or four intensive demonstration lectures in each of the five towns of the county, with nutritional clinics whenever they can be secured. The Red Cross Chapter will have the health clown and clinics for the two days of the county fair in September.

Miss Muckley brought many helpful suggestions from the recent convention

in Georgia. She tells us that the general opinion of all there was that too much time is being devoted to school nursing to the detriment of other fields, that we should so plan that with the school survey as an entering wedge our real work should be centered on prenatal, infant welfare and pre-school programs from which real, lasting benefit will be derived. To start the child right on the path to health and right living it should have special care from the time of its conception. Health being principally a matter of education, a great deal of emphasis should be placed on this aspect of the work and in so doing, good publicity is one of our chief aids.

A great many problems were brought up and discussed and we were all greatly helped by the suggestions received and the wisdom and experience of Miss Muckley's judgment. Among some of the matters discussed were the subject of vacations, advance of salary and the grey uniform, the latter receiving quite a bit of comment.

Six o'clock found us still with many things to discuss, but owing to the fact that the motorists wished to start home before dark we adjourned. It was decided, since this meeting was such a pleasant one and so much benefit had been derived from it, to make them a monthly affair as nearly as possible and to include a few more of the nurses from the surrounding counties. Our next meeting will be at Alexandria, Saturday, July 3rd, 1920, with July 4th and 5th for play and rest at the beautiful lakes near there. We not only had the great pleasure of Miss Muckley's presence, but it was also the first meeting of five of us nurses after taking the course together at the University last fall.

Will you ask Miss Muckley to please send the names of the other nurses I am to notify of the July meeting? I do wish you could have been here, Miss Andersen, for you surely would have

enjoyed the enthusiasm and interest displayed by all the nurses and the generosity and kindness of our local chapter directors. Will you try to be with us at our July meeting? We'd all love to have you.

Sincerely yours,

IRENE LABRIE.

The following is an abstract of Miss Muckley's report to Miss Andersen:

The purpose of this meeting was to get together and talk over difficulties and accomplishments, to see how much we could be benefited by hearing each other's point of view.

A luncheon was given at one o'clock by the women of the Morrison branch of the Red Cross Chapter and each branch was asked to send a representative. There were three lay representatives from three different branches and in addition to those three was the publicity representative of the chapter, the chairman of the chapter, and a member of the Executive Committee of the County Public Health Association. This luncheon was very cunningly arranged; place cards were arranged with the Red Cross stickers on them and tied to a small bouquet of lilies of the valley. Each member of the local Red Cross branches and chapter was introduced and the nurses were introduced to them.

After luncheon we continued the meeting which was held at the Commercial Club rooms, and had quite a live discussion about summer work. Points brought out were those regarding keeping the community alive; doing a more efficient piece of public health work by not adhering so closely to school work; making use of the various State organizations and mailing lists; and the county nurse not spreading herself out too much on extreme cases that cannot be helped.

The Red Cross Chapter was so interested and complimented by the

group of nurses coming to Morrison for such a meeting that they were eager to do everything in their power to make us happy and comfortable.

I feel the meeting was very worthwhile. The nurses got a lot out of it and also gave a representative from Division Headquarters an opportunity of giving them suggestions on conducting their school work and branching

out from too much school work. At the meeting on July 3rd I also believe that a representative from the Nursing Department of the Division should meet with them, for many things at this meeting remained unanswered and many questions will come up in the nurses' minds, in the deciding of which they will appreciate the help of someone who has had experience.

## News From the Field

### NATIONAL CONFERENCE OF SOCIAL WORK

The conflict of dates between the convention in Atlanta and the meeting of the National Conference of Social Work in New Orleans, in April, made it impossible for the N. O. P. H. N. to be represented throughout the conference at New Orleans.

Miss Lent, who was to address the conference on the subject of "State Public Health Nursing Committees," was detained at the last moment and Miss Geister was sent in her place.

At the meeting devoted to public health nursing under the health section, Miss Jessie L. Marriner presented a paper on "A Program for Coördinating State and Private Agencies Engaged in Health Activities." Miss Marriner's presentation of the subject was direct, exceedingly well thought out, and brought out all phases of this much discussed subject. There have been so many demands for copies of this paper, that reprints will undoubtedly be available.

The following officers were elected for the coming year:

President: Allen T. Burns, New York, New York.

First Vice President: Roberta A. Kelso, Boston, Massachusetts.

Second Vice President: Marcus C. Fagg, Jacksonville, Florida.

Third Vice President: Mary E. Richmond, New York.

The next meeting will be held in Milwaukee, Wisconsin, in 1921.

### MEETING OF PUBLIC HEALTH NURSES OF NORTH DAKOTA

On July 2nd and 3rd, at Jamestown, North Dakota, the Public Health Nurses of the State gathered for a general meeting.

The meeting was social as well as educational and also afforded the county nurses an opportunity of becoming acquainted and exchanging ideas in methods most suitable for securing results in their work.

Saturday from 9 to 12 the nurses met in the Presbyterian church parlors where Miss Ruth Bracken, State supervisor of Public Health Nurses, led the discussions.

Subjects taken up were:

1. Method of organizing county work.
2. Problem of mentally defective children in school, and remedy.
3. The school lunch and its importance.
4. Problem of transportation for nurses and method of handling same in various counties.
5. Correcting defects—methods of financing, etc.

Miss Rose R. Schaub then gave a history of her work as school nurse of LaMoure County.

There are at present seventeen county nurses in North Dakota, but a number were unable to attend because of vacations and work interfering.

The meeting was very satisfactory and profitable and it is planned to have more in the near future as a means of securing more efficient work and closer coöperation in this vitally important field.

#### AMERICAN SANITARY WORK IN THE VIRGIN ISLANDS

What the American flag means to the Virgin Islands, expressed in terms of life and death, is shown in the vital statistics for the first quarter of the present year. A statement by the chief municipal physician of St. Thomas and St. John shows that the death rate for the first three months of 1920 is the lowest on record, being about one-half the death rates recorded for the English, French and Dutch West Indian Islands, and four below the 1919 rate of the registration area in the United States. In addition, the birth rate exceeded the death rate by over 133 per cent, while infant mortality was 76.9—less than half the infant mortality recorded in the surrounding islands, and considerably below the rate in the States.

Health and sanitary work is under the supervision of the American naval government of the possession, and navy medical officers aver that the American Red Cross, which has in the last two years spent nearly \$44,000 for the equip-

ment of hospitals on the island, has been of very great assistance in improving conditions.

Funds for the administration of the island are limited, but in spite of this, in two years the general death rate has been lowered from 39.5 per 1,000 to 13.6, and the infant mortality from 251.7 to 76.9.

#### INDUSTRIAL NURSING INSTITUTE

An Institute of Industrial Nursing under the auspices of the New Haven Visiting Nurse Association will be held September 20th to 30th, inclusive, at 35 Elm Street, New Haven, Connecticut.

An intensive and interesting program has been prepared and the following experts in public health will give lectures:

Professor C. E. A. Winslow, Industrial Hygiene.

Florence Swift Wright, Industrial Nursing.

C. C. Burlingane, Hospital Management and Record Keeping.

Mary Grace Hills, Public Health Nursing.

Dr. George Blumer, Industrial Diseases.

Mr. R. M. Thompson, Industrial Relations.

Miss Mary P. Wheeler, Social Problems.

Mr. H. C. Link, Industrial Psychology.

Maria Nelson, Nutrition and Budgets.

Only graduate registered nurses interested in industrial work are eligible—preferably nurses with public health experience.

The fee is \$5.00, payable at time of registration, which must be not later than September 12th.